THE

MARYLAND PHARMACIST

PROCEEDINGS NUMBER 1934

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THE MARYLAND PHARMACIST

PROCEEDINGS NUMBER 1964

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Highlights

Page
Board of Pharmacy Report 13
School of Pharmacy Report 53
President's Address 59
Executive Secretary's Report 62
Cancer Educational Program 70
Address of Willard B. Simmons 88
Address of Dr. William S. Apple 101
Constitution & By-Laws 153
Registered Pharmacists List 171
Membership Roll 201

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INDEX TO CONTENTS PAGE 222

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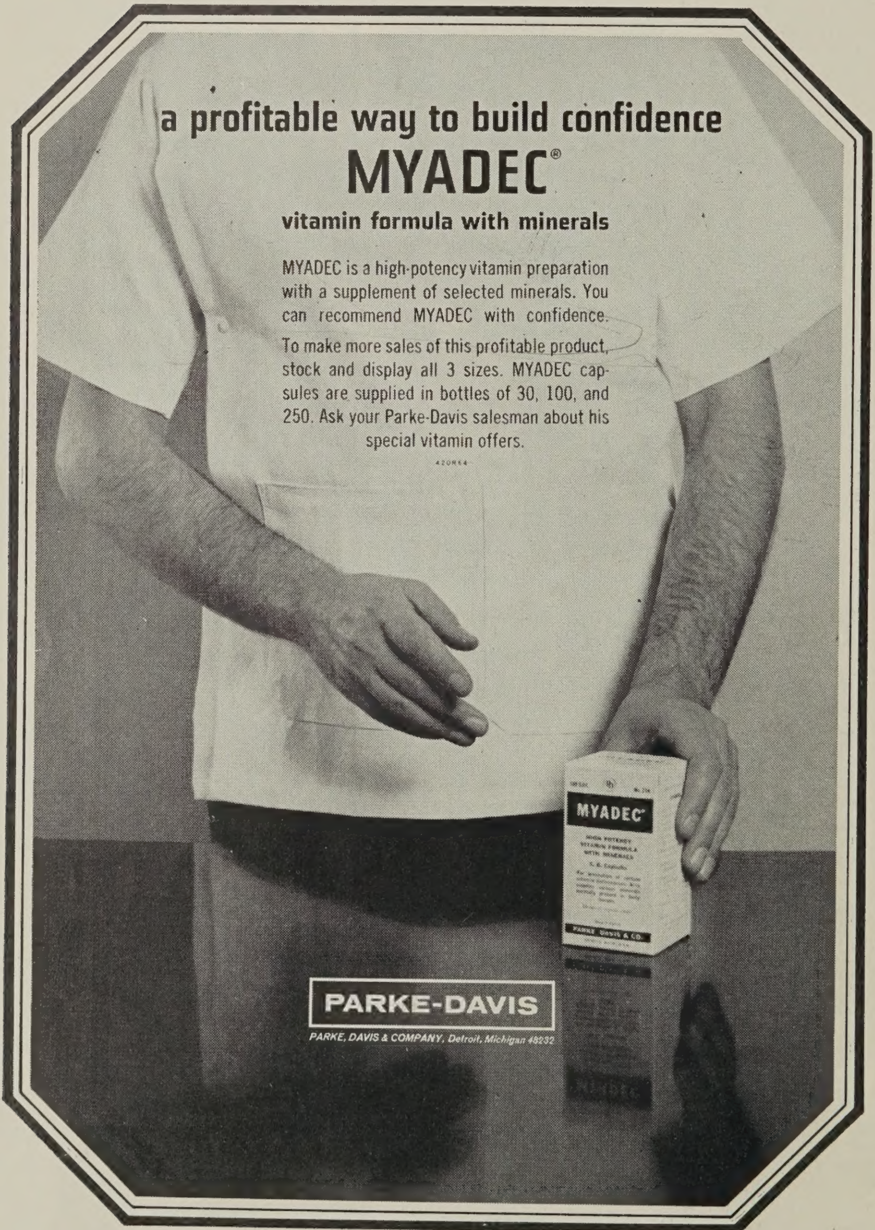

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The Maryland Pharmacist

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1964-1965

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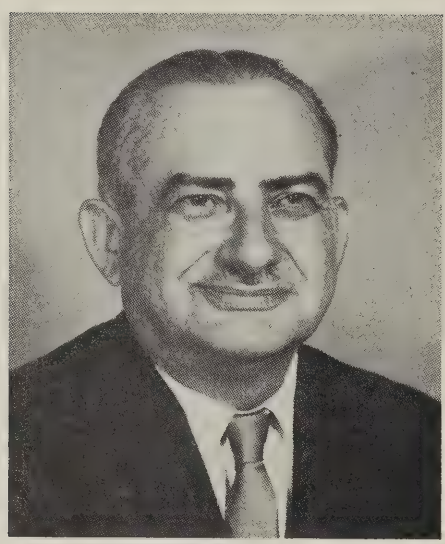

SOLOMON WEINER

President

MARYLAND PHARMACEUTICAL ASSOCIATION

1964-1965

FOREWORD

This issue is the annual Proceedings number of **The Maryland Pharmacist**, the official organ of the Maryland Pharmaceutical Association, published as the record of the activities of the Association for the Association year 1963-64.

The reports of officers and committee indicate in a small degree the great contribution, often at personal sacrifice, of many conscientious members who give freely of their time, efforts and resources for the benefit of all in pharmacy and those pharmacy serves.

This issue provides a report of the proceedings at the 82nd Convention of the Maryland Pharmaceutical Association held at The Shelburne Hotel, Atlantic City, New Jersey, June 29, 30 - July 1, 2, 1964.

A precedent at our Convention was the appearance on one program of the leaders of the two national pharmaceutical organizations: Dr. William S. Apple, Executive Director of the American Pharmaceutical Association, and Mr. Willard B. Simmons, Executive Secretary of the National Association of Retail Druggists.

The program also included informative panel presentations on timely subjects, which were stimulating and rewarding.

The recreational and entertainment features were outstanding, including programs at a night club and at Smithville Inn for the ladies. T.A.M.P.A. produced a magnificent show.

This issue, in addition, contains valuable information and reference material, such as the roster of registered pharmacists, the membership rolls of the Association and of T.A.M.P.A.

The reports of the University of Maryland School of Pharmacy and the Maryland Board of Pharmacy and regulations governing the filling of oral narcotic prescriptions are important features available in no other publication. You will find it useful to keep the Proceedings Issue for reference.

The Proceedings Issue reflects part of the broad scope of interest, activities and services encompassed by the Maryland Pharmaceutical Association, the pharmacists of Maryland and those allied with the practice of pharmacy. It indicates that the pharmacists of Maryland approach the practice of pharmacy as a profession, whether engaged in community practice, hospital pharmacy, education, manufacturing, distribution, enforcement or otherwise.

Through his professional Association, the pharmacist works with his colleagues to advance the profession of pharmacy so that it may be in a position to better serve the public interest which must always be paramount.

If this issue succeeds in an effort to provide some insight to both the membership and the subscribers of the "state of pharmacy" in Maryland and the essential role of pharmacists as members of the health team, the time and effort entailed in publication have been worthwhile.

NATHAN I. GRUZ, Editor

. . . Proceedings . . .

of the

Eighty-Second Annual Meeting

of the

Maryland Pharmaceutical Association

Held at

THE SHELBURNE

Atlantic City, New Jersey

June 29, 30, July 1, 2, 1964

FIRST SESSION

Monday, June 29

The First Session of the 82nd Annual Convention was called to order at 2:15 P.M. by President William A. Cooley in Kerry Hall at the Shelburne Hotel, Atlantic City, New Jersey.

President Cooley called the convention to order and extended greetings and welcome to all in attendance.

President Cooley commended the Convention Committee for preparing an excellent program for the four days of this meeting. He urged everyone to participate actively in the entertainment and meetings that have been planned.

Irving I. Cohen, President of the Baltimore Metropolitan Pharmaceutical Association, brought greetings from his Association. He urged all pharmacists to present a united front by belonging to the parent organization—the Maryland Pharmaceutical Association—as well as the local organization.

Mr. Samuel Wertheimer, President of the Allegany-Garrett Counties Pharmaceutical Association, brought greetings from his Association.

Mr. Robert S. Sinker, past president of the Prince Georges-Montgomery County Pharmaceutical Association, extended the best wishes of the officers and members of this Association. He said that he hoped some of our mutual problems can be resolved. "Not only words but deeds will come out of this convention, that will help to improve our chosen profession."

Mr. John G. Cornmesser, President of the Travelers' Auxiliary, conveyed the greetings of all TAMPA members and best wishes for a successful convention.

Mrs. Norman J. Levin, President of the Ladies Auxiliary, conveyed best wishes for a successful convention from her group, and offered their assistance wherever needed.

President Cooley presented Mr. Marcus Ford, Vice President of the Shelburne Properties, who extended warm greetings to the Association and welcomed all back after a three year absence.

The following were introduced by President Cooley: Dr. B. Olive Cole, Professor Emeritus, University of Maryland School of Pharmacy; Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy; Mr. Francis S. Balassone, Chief of the Division of Drug Control and Secretary of the Maryland Board of Pharmacy; Mr. Victor H. Morgenroth, Jr., Past President of the Maryland Pharmaceutical Association.

Executive Secretary Nathan I. Gruz then read a letter from Mrs. Robert L. Swain, who, because of ill health, was not able to attend the Convention. The letter read: "I had thought I would be well enough to go to the Convention . . . Remember me to the Maryland group. My great thanks to you for many, many kindnesses you have done for me."

The President then called for Committee reports.

REPORT OF THE SOCIAL COMMITTEE

Solomon Weiner, Chairman

The Social Committee was charged with the responsibility for the two Regional Meetings and the Convention during the past year.

The first meeting was the Fall Regional Meeting at Peter Pan, Urbana, Md. on October 17, 1963. The program feature was a panel discussion on "Pharmacist Employer-Employee Relations." The moderator was Roger Cain, A.Ph.A. Membership Director and the panelists were: Samuel F. Higger, Higger's Pharmacy, Washington, D. C.; William E. Pannill, Director of Personnel, Peoples Drug Stores and C. Robert Welsh, Pharmacist, Baltimore and Ocean City, Md.

The second meeting was the Spring Regional Meeting held at the Elks Club, Easton, Md. on April 16, 1964. This was the first meeting in the Eastern Shore in several years. Arrangements were made with the assistance of William Appel of Easton, Vice President of the new Eastern Shore Pharmaceutical Society.

The program was devoted to "Hospital Pharmacy & Community Pharmacy—Problems or Progress?" The anelists were Milton J. Skolaut, Chief, Pharmacy Department, National Institutes of Health and President, American Society of Hospital Pharmacists, and Milton Kahn, Chief Pharmacist, Somerset Hospital, Somerville, N. J.

This Convention was the third and last responsibility of this Committee. We believe that one of the most outstanding convention programs has been arranged. Nothing has been spared for the entertainment and pleasure of all the ladies and gentlemen who attend.

Both TAMPA and LAMPA have also gone all out this year to assure fine entertainment for all. My thanks to TAMPA and LAMPA officers and committees, as well as their membership, for their cooperation and support.

Together with Secretary Gruz and Vice-President Ogrinz, visits have been made to Convention sites.

In closing, I hope all of you will attend the meetings in the morning and relax in enjoyment afternoons and evenings.

Thank you.

REPORT OF THE TREASURER

Morris Lindenbaum

The treasurer presents a report at each Executive Committee meeting throughout the year. The books have been gone over by the certified public accountant which we retain. Reports of the C.P.A. have been passed out to all present and the result of the audit is as follows:

June Twelfth
Nineteen Hundred Sixty Four

Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore, Maryland

Gentlemen:

We have made an examination of the books and records of the Maryland Pharmaceutical Association, Baltimore, Maryland, for the fiscal year ended May 31, 1964, and submit, herewith, the following Exhibits:

EXHIBIT A—Statement of Cash Receipts and Disbursements—General Fund

EXHIBIT B—Statement of Cash Receipts and Disbursements—The Maryland Pharmacist

EXHIBIT C—Statement of Savings Accounts

The above Exhibits cover the fiscal year June 1, 1963 to May 31, 1964.

The assets of the Association consist of the following as of May 31, 1964.

CASH—$54,623.37

General Association Account	$14,275.96
Savings Account General Fund— Union Trust Company of Maryland	10,792.85
Savings Account General Fund— Reisterstown Federal Savings and Loan Association	3,401.39
Savings Account Pension Fund— Reisterstown Federal Savings and Loan Association	6,370.87
The Maryland Pharmacist	747.49
Savings Account Scholarship Fund— Savings Bank of Baltimore	2,240.39
Saving Account Kelly Memorial Building Fund— Savings Bank of Baltimore	16,794.42
	$54,623.37

These balances were confirmed by correspondence with the depositories.

INVESTMENTS

United States Treasury Series J. Bonds	$ 8,474.00
Union Trust Company of Maryland 22 Shares of Common Stock—Cost	715.00

The Association owns Series J Government Bonds purchased in 1955 at cost of $6,840,00. These bonds will have a maturity value of $9,500.00 in 1967. As of February 1964, the value of these bonds was $8,474.00. The Union Trust Company of Maryland stock represents 22 shares acquired August 3 1938. We examined these securities at your safe deposit box during the course of our examination.

SUMMARY OF ASSETS
as of MAY 31, 1964

Cash	$54,623.37
United States Treasury Series J Bonds at present Redemption Value	8,474.00
Union Trust Company of Maryland Stock at Cost	715.00
TOTAL ASSETS	$63,812.37

In making the audit of the books and records of the Association, we examined cancelled checks, bank statements, payroll records, quarterly payroll tax returns, dues records and paid invoices to the extent we deemed necessary.

Respectfully submitted,
ROBERT W. BLACK
CERTIFIED PUBLIC ACCOUNTANT
BY: ROBERT W. BLACK, C.P.A.

June Twelfth
Nineteen Hundred Sixty Four

Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore, Maryland

We have examined the Statements of Cash Receipts and Disbursements of the Maryland Pharmaceutical Association, Baltimore, Maryland, for the fiscal year ended May 31, 1964 (General Fund, The Maryland Pharmacist and Savings Accounts). Our examination was made in accordance with generally accepted auditing standards and accordingly included such test of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying Statements of Cash Receipts and Disbursements fairly present the cash transactions of the Maryland Pharmaceutical Association for the year ended May 31, 1964 (General Fund, The Maryland Pharmacist and Savings Accounts).

ROBERT W. BLACK
CERTIFIED PUBLIC ACCOUNTANT

EXHIBIT A

MARYLAND PHARMACEUTICAL ASSOCIATION
BALTIMORE, MARYLAND
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ending MAY 31, 1964

Cash Balance—June 1, 1963		9,413.32
Receipts		
Dues (Net)	19,920.00	
Convention (Net)	6,083.39	
Baltimore Metropolitan Pharmaceutical Association	7,000.00	
The Maryland Pharmacist (1963 and 1964)	4,000.00	
Dividends	52.80	
Dr. Robert L. Swain—Pharmacy Seminar (Net)	129.81	
TOTAL RECEIPTS		37,186.00
		46,599.32
Disbursements		
Salaries	19,052.78	
Taxes — Payroll	719.77	
Pension	1,417.92	
Transferred to Pension Savings Account	1,500.00	
Office Expense (Net)	1,169.87	
Printing	540.93	
Postage (Net)	1,167.78	

Telephone	1,005.66	
Bookkeeping Service	320.00	
Legal	750.00	
Auditing	150.00	
Light and Heat	854.62	
Professional Relations (Net)	125.08	
S. Solomon—Pharmacy Economics Seminar (Net)	347.30	
Legislative Committee	174.38	
Insurance	261.65	
Pharmacy Week Committee	273.48	
Fair Trade Committee	171.43	
Regional Meeting (Net)	59.89	
Kelly Memorial Building Fund	1,278.00	
Building Expense (Due from Kelly Memorial Building Fund)	111.75	
Travel Expense	488.66	
Public Relations (Net)	178.71	
School of Pharmacy Committee	80.70	
Congress of Professions	10.00	
Repairs	13.00	
Treasurer Honorarium	100.00	
TOTAL DISBURSEMENTS		32,323.36
Cash Balance—May 31, 1964		14,275.96

EXHIBIT B

THE MARYLAND PHARMACIST
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ended MAY 31, 1964

Cash Balance—June 1, 1963		1,220.15
Receipts		
Advertising	14,695.64	
Less Discounts	1,138,94	13,556.70
		14,776.85
Disbursements		
D. Stuart Webb—Printing	9,761.63	
Robert L. Swain—Cartoons	240.00	
Joseph Ruzicka—Bookbinding	19.40	
Oles Envelopes Corp.	8.33	
Transferred to Maryland Pharmaceutical Association—General Fund (1963 and 1964)	4,000.00	
TOTAL DISBURSEMENTS		14,029.36
Cash Balance—May 31, 1964		747.49

EXHIBIT C

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT of SAVINGS ACCOUNTS
John F. Wannenwetsch Scholarship Fund

Balance—June 1, 1963—Savings Bank of Baltimore		1,659.54
Receipts		
Interest	70.85	
Contributions	510.00	580.85
Balance—May 31, 1964—Savings Bank of Baltimore		2,240.39

Kelly Memorial Fund

Balance—June 1, 1963—Savings Bank of Baltimore		15,507.13
Receipts		
Interest	645.79	
Maryland Pharmaceutical Association	1,278.00	
Contribution	2.00	1,925.79
		17,432.92
Disbursements		
Repairs		638.50
Balance—May 31, 1964—Savings Bank of Baltimore		16,794.42

General Fund Savings Account

Balance—June 1, 1963—Union Trust Company of Maryland		10,425.05
Receipts		
Interest		367.80
Balance—May 31, 1964—Union Trust Company of Maryland		10,792.85

Pension Fund

Balance—June 1, 1963—		
Reisterstown Federal Savings and Loan Association		4,675.21
Receipts		
Interest	195.66	
Maryland Pharmaceutical General Fund	1,500.00	1,695.66
Balance—May 31, 1964—		
Reisterstown Federal Savings and Loan Association		6,370.87

General Fund Savings Account

Balance—June 1, 1963—	
Reisterstown Federal Savings and Loan Association	3,264.65
Receipts	
Interest	136.74
Balance—May 31, 1964—	
Reisterstown Federal Savings and Loan Association	3,401.39

President Cooley recognized Dr. Lloyd N. Richardson, past president of the Maryland Pharmaceutical Association, and welcomed him back to Association affairs after a long absence.

President Cooley called upon Mr Francis S. Balassone to give a report on the Maryland Board of Pharmacy.

ANNUAL REPORT OF THE MARYLAND BOARD OF PHARMACY

1963 1964

In compliance with the provisions as set forth in Section 258, of Article 43 of the Annotated Code of Maryland, this report is submitted to His Excellency J. Millard Tawes, Governor of Maryland, and to the Maryland Pharmaceutical Association. This is the sixty-first report to the Governor of the State and the fifty-first to the Association. The report covers the activities of the Maryland Board of Pharmacy for the fiscal year ending June 30, 1964.

Personnel

During the year, the Board held thirteen meetings, six of which were held at the School of Pharmacy of the University of Maryland, for the purpose of conducting examinations for registration of pharmacists.

At its first meeting the Board reorganized and elected Mr. A. J. Ogrinz, Jr., President and Mr. F. S. Balassone, Secretary-Treasurer. The other members of the Board were: Messrs. Arthur C. Harbaugh, Norman J. Levin, and Howard L. Gordy.

At the annual meeting of the Maryland Pharmaceutical Association held at the Colony Resort Motel, Atlantic City, New Jersey on June 24, 25, 26, and 27, 1963, the Nominating Committee submitted the following names which were later submitted to the Governor as possible successors for F. S. Balassone whose term would expire on April 30, 1964:

Francis S. Balassone
John F. Wannenwetsch
Frank J. Macek

On April 30, 1964, Governor Tawes appointed Mr. F. S. Balassone a member of the Board for a term of five years, beginning May 1, 1964.

Three meetings of the Board were held for the purpose of conducting a hearing on an application submitted by Peco., Inc. (Super Giant Food).

Peco., Inc., a subsidiary of Giant Food, Inc., submitted an application to the Maryland Board of Pharmacy for a permit to operate a pharmacy at 8750 Arliss Street, Takoma Park, Montgomery County, Maryland. The application was in proper form. However, the permit was denied because the Board found that Peco, Inc., did not intend to provide an outside entrance, a sufficient separation between the pharmacy and the rest of the store and sufficient identification on the outside of the store to inform the public that there is a pharmacy within.

Subsequently, Peco filed an appeal in the Circuit Court for Montgomery County. It was agreed by all parties and Judge J. Pugh that a formal hearing be held in our office and that an official court reporter take, record and transmit a record of the proceedings to the Court. The hearing lasted three days, August 28, 29, and 30, 1963 and all the members of the Board were present for the three days. Judge Pugh ruled that the request made by the Board did not have any bearing on the public health. The Board immediately appealed the case to the Court of Appeals.

The decision handed down by the Court of Appeals stated that the Board does not have the right to appeal and therefore the decision of the lower court stands. Peco., Inc., were subsequently licensed.

Examination

The Board conducted two examinations for registration of pharmacists during the fiscal year. They were held at the School of Pharmacy of the University of Maryland on November 6, 7, and 8, 1963 and on June 17, 18, and 19, 1964.

There were thirty-one applicants for the full Board in November. Twenty-five passed both the theoretical and practical examination; six failed the examination.

Three candidates qualified for the theoretical examination only. One passed the theoretical portion and two failed the examination.

Having previously passed the theoretical portion, sixty took the practical examination in November. All of these candidates passed and were subsequently registered.

In order to meet the Board's requirements for reciprocal registration, two candidates took the practical examination. They were granted registration after passing this examination.

In June thirteen applicants were eligible to take the full Board. Seven passed the entire examination and six failed the examination.

Five candidates applied for and were determined eligible to take the theoretical portion of our June, 1964 examination. There were two applicants from the School of Pharmacy of the University of Maryland and sixteen applicants from other Colleges of Pharmacy. 4 passed the theoretical portion of this examination and 1 failed this portion of the examination.

It is to be recalled that the five-year program in pharmacy leading to the degree of Bachelor of Science became mandatory in 1960. In the fall of 1959 the University of Maryland took in the last of the four-year program. At this time, however, the administration of the University made available also, on an optional basis, the five-year curriculum. As a result of this program we now have two applicants taking the Board examination.

There were three applicants for reciprocal registration who took the practical examination in order to meet our requirements concerning practical experience before or afted licensure in the state in which they are registered. All were granted registration by reciprocity after passing the examination.

Eight candidates who had previously passed the theoretical examination took the practical examination in June. All of these candidates passed and were subsequently licensed.

The subjects assigned at both the November, 1963 and the June, 1964 examinations were as follows:

Pharmacy and Jurisprudence	Norman J. Levin
Materica Medica and Pharmacognosy	Arthur C. Harbauh
Chemistry	Alexander J. Ogrinz, Jr.
Chemical and Pharmaceutical Mathematics	F. S. Balassone
Practical Pharmacy	Howard L. Gordy

Record of Examinations Held

November 6, 7, and 8, 1963

Applicants	Passed	Withheld	Failed
94	85	1	8

June 17, 18, and 19, 1964

Applicants	Passed	Withheld	Failed
26	15	4	7

Total Number Examined for Registration as Pharmacists

Applicants	Passed	Withheld	Failed
120	100	5	12

The following table shows the number of pharmacists who were registered by examination during the past ten years:

Year	Number of Pharmacists
1954-1955	50
1955-1956	96
1956-1957	60
1957-1958	53
1958-1959	79
1959-1960	55
1960-1961	63
1961-1962	62
1962-1963	74
1963-1964	100

As the chart indicates 100 pharmacists were registered by examination during the 1964 fiscal year.

Reciprocal Registration

As in the past, many pharmacists applied for reciprocal registration in Maryland in order to accept positions with their employers who are opening stores in Maryland.

Those applicants who did not meet our requirements concerning practical experience prior to registration and the requirement of at least one full year's active practice of their profession in the state in which they are registered, were advised that they must take our practical examination in order to verify their qualifications. Two applicants for reciprocal registration took our practical examination in November, 1963. These candidates were granted registration. In June 1964 there were three candidates under this requirement who were examined in pharmacy.

In all cases, an applicant for reciprocal registration must appear for a personal interview. The entire Board must act on whether or not to grant registration to such applicants, who must sign an agreement to comply with Maryland's laws pertaining to drugs and pharmacy.

The following table shows those granted registration by reciprocity during the 1964 Fiscal Year:

Registered By Reciprocity

Name	Certificate Number	Dated	State
Michael Leonard	6363	Sept. 30, 1963	Illinois
Sheldon Jay Hillman	6364	Sept. 30, 1963	Massachusetts
Gary Williams Leach	6365	Sept. 30, 1963	Pennsylvania
Ronald Edward Leaf	6366	Sept. 30, 1963	Pennsylvania
Francisco B. Rodriquez, III	6367	Sept. 30, 1963	Texas
Leonard Clayton Sisk	6368	Sept. 30, 1963	Oklahoma
William Paul Hornsby	6369	Sept. 30, 1963	Dist. of Columbia
William Earle Jaffe	6370	Sept. 30, 1963	Delaware
Steward Howard Goldfine	6371	Sept. 30, 1963	Michigan
Harry Bernard Robinson	6372	Sept. 30, 1963	Dist. of Columbia
Thomas Donald Kies	6373	Sept. 30, 1963	Wisconsin
Brent Betts Birkin	6374	Sept. 30, 1963	Utah
James Delrey Bahr	6375	Sept. 30, 1963	Pennsylvania
David Farber	6376	Sept. 30, 1963	Illinois
Theodore John Benya	6377	Sept. 30, 1963	Michigan
Mark Jacobs	6378	Sept. 30, 1963	Pennsylvania
James Geza Pruckner	6379	Sept. 30, 1963	Pennsylvania
Leon Goldsmith	6380	Sept. 30, 1963	Delaware
Albert Reiner	6381	Sept. 30, 1963	Pennsylvania
Robert Joseph Celio	6382	Sept. 30, 1963	Dist. of Columbia
Robert David Brody	6383	Sept. 30, 1963	Pennsylvania
Theresa Ann K. Sendi	6470	Dec. 31, 1963	Pennsylvania
James David Doyle, Jr.	6471	Dec. 31, 1963	Pennsylvania
Luis Hernandez	6472	Dec. 31, 1963	Pennsylvania

Name	Certificate Number	Dated	State
Christine M. Hernandez	6473	Dec. 31, 1963	Pennsylvania
Sara Sparks Thomas	6474	Dec. 31, 1963	Virginia
William Johnston Kooser	6475	Dec. 31, 1963	Pennsylvania
Crawford McNair Poe	6476	Dec. 31, 1963	Pennsylvania
Donald Eli McDonald	6477	Dec. 31, 1963	Pennsylvania
Patricia K. B. McDonald	6478	Dec. 31, 1963	Pennsylvania
Max Larner	6479	Dec. 31, 1963	Pennsylvania
James Herbert Larner	6480	Jan. 31, 1964	Dist. of Columbia
Myer Jacob Skloff	6481	Jan. 31, 1964	Pennsylvania
Joel David Lohr	6482	Jan. 31, 1964	Massachusetts
Robert Willie Walden	6483	Jan. 31, 1964	Dist. of Columbia
Gloria Doris C. Randall	6484	Jan. 31, 1964	Puerto Rico
James Mitchell	6485	Jan. 31, 1964	Pennsylvania
Jack McC. McLaughlin	6486	Mar. 31, 1964	Pennsylvania
Milton Williams	6487	Mar. 31, 1964	Pennsylvania
Larry Baker	6488	Mar. 31, 1964	Pennsylvania
Joan Kay B. Harrigan	6489	Mar. 31, 1964	Indiana
Donald George Walters	6490	Mar. 31, 1964	Ohio
Harry Webster Chadduck	6491	Mar. 31, 1964	Dist. of Columbia
Theodore Ellis Parker	6492	Mar. 31, 1964	Virginia
Francis Barry Thomas	6493	Mar. 31, 1964	Pennsylvania
Abraham John Burkin	6494	Mar. 31, 1964	Massachusetts

The following table shows the number of pharmacists granted registration by reciprocity and the number who were certified to register by reciprocity in other states during the past ten years:

Fiscal Year	Reciprocity	Certified for Registration in Other States
1954-1955	62	23
1955-1956	64	16
1956-1957	58	26
1957-1958	51	21
1958-1959	46	17
1959-1960	46	19
1960-1961	33	18
1961-1962	35	20
1962-1963	54	18
1963-1964	46	23
Total	495	201

The table shows Maryland gained 294 pharmacists by reciprocity during the past ten years.

Pharmacy Permits

Location	1962 - 1963	1963 - 1964
Counties:		
Allegany	23	26
Anne Arundel	49	49
Baltimore	132	132
Calvert	2	2
Caroline	3	3
Carroll	11	12
Cecil	8	8
Charles	7	7
Dorchester	4	2
Frederick	14	14
Garrett	3	3
Harford	13	13
Howard	8	8
Kent	3	3
Montgomery	68	74
Prince George's	73	75
Queen Anne's	4	4
Saint Mary's	4	4
Somerset	5	5
Talbot	9	9
Washington	15	14
Wicomico	10	10
Worcester	7	7
County Totals	475	484
Baltimore City	344	341
State-wide Totals	819	825

The above figures include permits issued to hospitals in the counties as follows:

Allegany	2	Talbot	1
Anne Arundel	1	Washington	1
Baltimore	1	Wicomico	1
Frederick	1		
Montgomery	3	Total	11

In Baltimore City, 17 hospitals received a permit to operate a pharmacy. Thus, a total of 28 hospitals have a licensed pharmacy. Two nursing homes have received a "limited" pharmacy permit.

From July 1, 1963 through June 30, 1964, permits have been issued to 20 new pharmacies. A total of 20 pharmacies have closed and have not, as yet been re-opened as pharmacies.

The folowing table shows the number of pharmacies opened, changes in ownership, and closed during the year:

	Opened	Changes in Ownership Corporation, and/or Address	Closed
Counties	13	25	9
Baltimore City	7	13	11
Total	20	38	20

The following table shows the number of pharmacies opened, changes in ownership, and closed in the past ten years:

Fiscal Year	Opened	Changes	Closed
1954-1955	36	32	24
1955-1956	23	19	11
1956-1957	28	20	18
1957-1958	26	30	14
1958-1959	28	24	19
1959-1960	31	39	16
1960-1961	41	41	25
1961-1962	34	31	15
1962-1963	39	45	22
1963-1964	20	38	20

Certificate of Registration Renewals

Our report last year indicated the Board had issued 2,260 certificates for the 1963-1964 biennial re-registration period. The renewals for that period have now increased to 2,302, as we are still endeavoring to contact those who could not be notified earlier, and we are receiving requests for applications from those who have learned of this new law from friends or from other sources. Renewal applications for the 1965-1966 period will be sent out in July of 1964.

Manufacturers' Permits

Permits to manufacture drugs, medicines, toilet articles, dentifrices or cosmetics during 1964 were issued to 78 firms. An applicant applying for a permit for a newly established company is required to appear before the Board and to furnish all information the Board considers pertinent to the conducting of such operation Three of these firms have since gone out of business and 75 firms are now holding manufacturers' permits.

Dangerous Drug Distributors' Permits

In compliance with Article 43, Section 270A of the Annotated Code of Maryland, 157 permits were issued in 1964 to distribute dangerous drugs.

Prescription Survey

The following table shows a survey of prescriptions filled in 1963:

PRESCRIPTION SURVEY - 1963

Baltimore City

Average Number New Prescriptions Filled in 118 out of 326 Pharmacies		8,400	
Average Number Prescriptions Refilled in 118 out of 326 Pharmacies		4,931	13,331
Average Price of Prescriptions in 118 out of 326 Pharmacies	$2.71		
Estimated New Prescriptions Filled in 326 Pharmacies		2,738,458	
Estimated Prescriptions Refilled in 326 Pharmacies		1,607,509	4,345,967

Counties

Average Number New Prescriptions Filled in 216 out of 466 Pharmacies		12,233	
Average Number Prescriptions Refilled in 216 out of 466 Pharmacies		8,639	20,872
Average Price of Prescriptions in 216 out of 466 Pharmacies	$3.02		
Estimated New Prescriptions Filled in 466 Pharmacies		5,700,541	
Estimated Prescriptions Refilled in 466 Pharmacies		4,025,897	9,726,438

State

Estimated New Prescriptions Filled in 792 Pharmacies		8,438,999	
Estimated Prescriptions Refilled in 792 Pharmacies		5,633,406	14,072,405

Legislation

Senate Bill No. 68 was signed by Governor Tawes and became effective June 1, 1964.

SENATE BILL NO. 68

AN ACT to repeal Section 300 of Article 27 of the Annotated Code of Maryland (1963 Supplement), title "Crimes and Punishments", sub-title "Health—Narcotic Drugs", and to enact new Section 300 in lieu thereof, to stand in the place of the section so repealed, and to add new Section 298A to the said Article and sub-title of the Code (1957 Edition), to follow immediately after Section 298 thereof, to change the grade of the offense for violations of the narcotic drug laws, to revise the penalties applicable to violations, to change the offense of supplying or furnishing narcotic drugs to minors and its penalties, in order to revise narcotic drug offenses and the penalties for violations.

SECTION 1. Be it enacted by the General Assembly of Maryland, That Section 300 of Article 27 of the Annotated Code of Maryland (1963 Supplement), title "Crimes and Punishments", sub-title "Health—Narcotic Drugs", be and it is hereby repealed and that, new Section 300 be and it is enacted in lieu thereof, to stand in the place of the section so repealed, and that new Section 298A be and it is hereby added to the said Article and sub-title of the Code (1957 Edition), to follow immediately after Section 298 thereof, and to read as follows:

298A.

The sale, barter, peddling, exchange, dispensing or supplying of a narcotic drug to a minor, in violation of any provision of this sub-title, shall be deemed a felony, and any person found guilty thereof shall be fined not more than one thousand dollars ($1,000) and shall be imprisoned for not less than five nor more than twenty years.

(a) Any person who violates the provisions of Sections 277, 291 or 295 of this sub-title with regard to any narcotic drug specified in Section 276 herein shall be guilty of a felony, and upon conviction shall be fined not more than one thousand dollars ($1,000) and shall be imprisoned for not less than two or more than five years. For a second offense, or if, in case of a first conviction of violation of the aforesaid sections, the offender shall previously have been convicted of any violation of the laws of the United States or of any other State, territory or district relating to narcotic drugs or marihuana, the offender shall be fined not more than two thousand dollars ($2,000) and be imprisoned not less than five or more than ten years. For a third or subsequent offense, or if the offender shall have been convicted previously two or more times in the aggregate of any violation of the laws of the United States or of any other State, territory or district relating to norcotic drugs or marihuana, the offender shall be fined not more than three thousand dollars ($3,000) and be imprisoned not less than ten or more than twenty years. Except in the case of a conviction for a first offense the imposition or execution of sentence shall not be suspended and probation or parole shall not be granted until the minimum imprisonment provided herein shall have been served.

(b) Any person who violates any of the provisions of this sub-title, other than those referred to in sub-section (a), with regard to any narcotic drug specified in Section 276 herein, shall be guilty of a misdemeanor, and upon conviction shall be fined not more than one thousand dollars ($1,000) and shall be imprisoned for not less than two or more than five years.

SECTION 2. And be it further enacted, That this Act shall take effect June 1, 1964.

House Bill No. 331 introduced by Delegate Kosakowski sought to enlarge Section 268 (b) and (d) Article 43 "Health—Commissioners of Pharmacy" relating to the requirements before the Board of Pharmacy shall issue a pharmacy permit within the State and giving the Board the right to appeal before the Court of Appeals. Specifically the Bill provided that " . . . the pharmacy shall be independent of and separate from any business or store other than a drug store with separate and distinct entrances and exits, provided this clause shall not be construed or applied to have any retroactive effect or to apply to any pharmacy existing on June 1, 1964, for such period as that pharmacy remains in continuous existence", and "Any aggrieved party or the Board of Pharmacy may secure a review of any final judgement of the Circuit Court aforesaid by appeal to the Court of Appeals". This Bill did not become law.

House Bill No. 215 introduced by Delegate Siegel sought to amend Article 27, Section 276 (t) Section 300 "Crimes and Punishments", "Health—Narcotic Drugs". Section 276 (t) "Drug addict" means a person who is habitually addicted to the use of narcotic drugs as herein defined. This Bill did not become law.

House Bill No. 319 introduced by Delegate Dulany sought to repeal and re-enact with amendments Section 206, Article 66½, title "Motor Vehicles—Operation of Vehicles Upon the Highways". This Bill added the drug barbiturate to Section 296, making it unlawful for any person who is a habitual user of narcotic drugs, or under the influence of intoxicating liquor, to drive any vehicle, street car or trackless trolley in the State. "Barbiturates as used in this section means the salts and derivitives of barbituric acid, also known as malonylurea, having a hypnotic or somnifacient action, or compounds of any preparations or mixtures thereof". This Bill did not become law.

Cooperative Activities

The Board maintained membership in the National Association of Boards of Pharmacy. The annual meeting of the Association, which was held in conjunction with the annual meeting of the American Pharmaceutical Association, was held on May 12-14, 1963 in Miami Beach, Florida. The Board was represented by Secretary-Treasurer, F. S. Balassone.

The Board also maintained membership in the Conferenec of Boards and Colleges of Pharmacy of N.A.B.P. District Number Two, comprising the States of New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia and West Virginia. The annual meeting was held in Atlantic City, New Jersey —October 31 to November 2, 1963. The Board was represented by President, Mr. A. J. Ogrinz.

The Board maintained cooperative activities with the State Department of Health, The School of Pharmacy, University of Maryland, The Maryland Pharmaceutical Association, The Baltimore Metropolitan Pharmaceutical Association, Federal Bureau of Narcotics, Food and Drug Administration, City, County and State Police.

MARYLAND BOARD OF PHARMACY

Statement of Receipts and Expenditures for the Period from July 1, 1963 to June 30, 1964

Balance with Comptroller, July 1, 1963		$8,980
Receipts		8,987
		$17,967
Expenditures		
Salaries and Per Diem Board Members	$4,485	
Operating Expenses	5,008	9,493
Amount forwarded to Reserve Fund		$8,474

REPORT OF THE EXECUTIVE COMMITTEE

Victor H. Morgenroth, Jr., Chairman

The Executive Committee held eleven metings during the Association year 1963-64.

This report is only a bare outline of the many hours that your officers and Executive Committee devoted to the affairs of the Association and the profession which it represents. The Executive Committee, under our Constitution and By-Laws, is charged with the responsibility of managing your Association's affairs.

There were many committee reports, discussions and actions which are reported in the minutes. I will merely present some of the highlights.

Colony Resort Motel, Atlantic City, N. J., June 27, 1963

This was the first meeting of the Executive Committee for the 1963-64 Association year and was held following the final session of the 1963 convention. First order of business was the re-appointment of Nathan I. Gruz as Executive Secretary. The Shelburne Hotel was approved as the convention site for 1964.

Kelly Memorial Building August 8, 1963

Reports were made on promotion of exempt narcotics by manufacturers, investigation of physician owned pharmacies, progress of the Quality Stabilization Bill, requiring ingredients on prescription labels and the proposed Preceptors Guide. A recommendation of one fee for all Medical Care prescriptions was approved. The Maryland Pharmaceutical Association, as the representative of Pharmacy to the Congress of Professions, was agreed on. Approval was given for the Association to sponsor the Swain Model Pharmacy at the University of Maryland School of Pharmacy. Committees for the year were approved. The offer of a president's gavel by Loewy Drug was accepted. A resolution was passed requesting N.A.R.D. to select a Maryland pharmacist as an officer.

Kelly Memorial Building, September 12, 1963

The action of the Eastern Shore Pharmaceutical Society in adopting By-Laws requiring membership in the Maryland Pharmaceutical Association was reported. The Medical Care program was reviewed in great detail. The N.A.R.D. was condemned for associating itself with the Proprietary Association in its merchandising study. An appropriation was made toward the expense of a dinner for high school guidance counselors.

Peter Pan, Urbana, Maryland, October 17, 1963

It was recommended that the Civil Defense Committee be changed to "Civil Defense and Disaster Recovery Committee". Constitution and By-Laws for a joint A.Ph.A.-M.P.A. Student Branch at the School of Pharmacy was approved. A new dues structure was set of $25.00 Active and Affiliate members and $10.00 Associate members. The Hack Pension Service Co. was approved to solicit the membership.

Warren House, Blue Crest North, Pikesville Md., November 14, 1963

The organization of a pharmaceutical association for District #4 (Carroll, Frederick and Washington Counties) was reported. This was the last area without a local group. A group trip to Washington on behalf of the Quality Stabilization Bill was reviewed. The Maryland Pharmaceutical Association Scholarship Fund was renamed "The John F. Wannenwetsch Fund", to be used for scholarships in the advancement of Pharmacy.

Kelly Memorial Building, December 10, 1963

Legislation for the 1964 legislature session was discussed. A resolution on the passing of John F. Wannenwetsch was passed. There was discussion of a suggested amendment to permit affiliation between local groups and the Maryland Pharmaceutical Association. The budget for 1964 was presented and approved.

Kelly Memorial Building, January 9, 1964

A Maryland Pharmaceutical Association group life insurance plan through the A.Ph.A. was adopted. After review of the Civil Defense Committee activities, motion was passed commending Jerome Block for his efforts. The legislative program for 1964 and pharmacy fees for Medical Care prescriptions were discussed. Some important issues were reported on, including differences between A.Ph.A. and N.A.R.D., reclassification of drugs, pharmacy ownership laws and labeling of prescriptions.

Kelly Memorial Building, February 20, 1964

A report was made of a conference with the Board of Pharmacy regarding physician dispensing, drug wholesalers, industrial clinics and imprinted prescription blanks. Recommendations of the Presidents Advisory Commission on narcotics and drug abuse were reviewed. Legislation in the state legislature and the Baltimore City Council was reported on. Action on behalf of revised fees for pharmacists services under Medical Care was presented. Dues were set for retired pharmacists, graduate students and new registrants. C. Murray Allen was appointed to the Executive Committee in place of Robert J. Martin, who resigned.

Kelly Memorial Building, March 17, 1964

President Cooley reported on the Congress of Medicine and Pharmacy in Chicago. Progress of the Quality Stabilization Bill was reviewed. New Food and Drug regulations were presented. A Legislative Steering Committee for 1965 was appointed. The Robins Bowl of Hygeia Award was accepted. A number of amendments to the Constitution and By-Laws were recommended, including an amendment to permit reciprocal membership.

Elks Club, Easton, Maryland, April 16, 1964

Reports were made on the Humphrey Testimonial Dinner, hospital practice of pharmacy, Swain Model Pharmacy and Cole Museum. A suggestion to establish a Maryland Academy of Pharmacy under the Maryland Pharmaceutical Association was outlined. A motion was approved for legislation establishing a category of OTC drugs to be sold by pharmacists.

Kelly Memorial Building, May 14, 1964

The National Science Fair held in Baltimore was reported on. Extensive activity on behalf of the Quality Stabilization Bill. Delegates to the A.Ph.A. Convention were appointed. A Medical Care Steering Committee was appointed. Participation in the Pepsodent Presidential Scholarship Program was approved.

I have reviewed the proceedings of the Executive Committee to indicate at least some of the matters we were concerned with during the year.

Your officers and Executive Committee have tried to do a conscientious job on your behalf. I wish to thank them all for giving so much of their time and effort, especially our president, William R. Cooley, who presided in my rare absence. My appreciation goes also to the Executive Secretary and his staff for the work involved in preparation and in assisting me in my responsibilities in this position.

I consider it a proud privilege to have been able to serve as the Chairman of the Executive Committee of the Maryland Pharmaceutical Association, representing the pharmacists and allied drug industry of Maryland. Working together I believe we have made great progress in creating a unified and true profession in our state.

REPORT OF THE BUILDING COMMITTEE

Sam A. Goldstein, Chairman

Read By Secretary Gruz

During the past year the entire exterior woodwork and grillwork of the Kelly Memorial Building was painted.

In addition, a combination storm door and storm windows were installed at the rear entrance.

The building is basically in sound condition and continues to serve as one of the most attractive Association Buildings in the country.

TRADE RELATIONS COMMITTEE

Aaron M. Libowitz, Chairman

Delivered by Charles E. Spigelmire

Pharmacy as a profession of community service has always been the aim of the Maryland Pharmaceutical Association. With the recognition that the practice of community pharmacy must be on a sound economic foundation, the Association inaugurated the Simon Solomon Pharmacy Economics Seminar.

In naming the Pharmacy Economic Seminar in honor of Simon Solomon, the Maryland Pharmaceutical Association is recognizing the outstanding contributions of Si to the advancement of the profession of pharmacy. For more than three decades he has devoted himself wholeheartedly to both the professional and economic affairs of pharmacists. The strong and loyal devotion which Si has shown to his profession, plus the fact that he makes himself readily available to others, has made him one of the most sought after men in the state on matters pertaining to pharmacy. His intelligent and practical solutions to problems of pharmacy have earned him the title of a "Sage of Pharmacy". It is with great pride that we name the Economic Seminar for Simon Solomon.

The purpose of the seminar is to bring to all in pharmacy the knowledge and experience of experts in various phases of merchandising and business management.

The objective: **Survival** in today's fiercely competitive situation by presenting ideas for profit that will be valuable to retailers in pharmacy.

The Trade Relations Committee met for ten months with six late meetings and with much correspondence to produce the 2nd Simon Solomon Economic Seminar. The committee and I, its Chairman, are proud to have produced such a fine program.

Seminar . .

The 2nd Simon Solomon Pharmacy Economics Seminar of the Maryland Pharmaceutical Association was held at the Warren House, Blue Crest North, 403 Reisterstown Road, Pikesville, on Thursday, November 14, 1963 from 9:00 A.M. to 4:30 P.M.

The program for the seminar was the following:

9:30 A.M. Registration.

9:30 A.M. Welcoming Remarks—Aaron M. Libowitz, Chairman, Trade Relations Committee. Response by Mr. Simon Solomon, Guest of Honor.

MORNING PROGRAM:

1. Mr. Raymond A. Gosselin, President, R. A. Gosselin & Company, "New Perspectives in Pharmaceutical Practice". Future role of the independent pharmacist—a ten year prediction.
2. Mr. Clarence M. McMillan, Executive Secretary, National Candy Wholesalers Association. "Trends in Candy Sales". The nation's expert on candy sales spoke on how to get maximum profits from a candy department. Merchandising tips from candy specialists.
3. Mr. William W. Mee, President, Point-of-Purchase Advertising Institute, Inc. "Drug Store Brand — Switching and Impulse Buying". How your displays influence the brands you sell and increase impulse purchases—Fight Discount Competition.

AFTERNOON PROGRAM:

1. Mr. Raymond Shroyer, Sales Supervisor, Max Factor & Company. "Increasing Cosmetic Department Profits". Outstanding merchandising ideas—Location - Size - Number of Lines - Cosmetic trends - Training for greater sales.
2. Mr. Baron G. Helbig, President, Baron G. Helbig & Co., Business Consultant and Investment Analyst. "How To Make the Tax Laws Work for You". Expert knowledge on saving money on income taxes. Advantages of incorporation, partnership and sole proprietorships.
3. Mr. Roger Boucher, Sales Promotion Manager, Davol Rubber Company. "Exclusivity". The vital role which prescriptions and prescription accessories play in establishing a professional image; the importance of this image during these competitive times; the way that an image can be established and merchandised. The presentation also included a slide show covering Surgical Appliances, Cholostomies and Ileostomies.

The Seminar offered programs that were provocative and constructive. We hope that this Seminar assisted you in making your store operation more effective in the constantly changing and highly competitive business world. The stimulating exchange of thoughts and ideas, experiences and viewpoints is what makes this Seminar so worth the time and trouble to attend.

I wish to thank my Co-Chairman, Herman Taetle, and the members of my committee, Messrs. C. Murray Allen, William J. Appel, John A. Crozier, Gerald Y. Dechter, David I. Estrin, Donald O. Fedder, I. Earl Kerpelman, Philip Levin, Jay E. Levine, Nicholas C. Lykos, Carroll P. Marinelli, Joseph H. Morton, Joseph L. Muth, David Pearlman, Alan L. Settler, Luther W. Skinner, Jerome A. Stiffman, John F. Wannenwetsch, Maurice Wiener, Ferdinand F. Wirth, Jr., Stanley J. Yaffe, Jonas J. Yousem, and especially our Secretary, Nathan I. Gruz, and his assistants, Lillian M. Boyd and Geraldine M. Boan, for their patience, assistance and cooperation.

REPORT OF THE SCHOOL OF PHARMACY COMMITTEE

Irving I. Cohen, Chairman

Last year, surrounded by sketches, armed with supposedly valid contracts, I promised you a Model Pharmacy for our School, the lack of which is only more emphasized as the years go by, and a Museum which is equally important. I raised all the moneys required and can get infinitely more if necessary, yet 365 days later, I am only confused.

There is and there isn't a possibility of getting the Model Pharmacy this year. The Museum is linked to the Model Pharmacy and when the projects are started, both will go together.

The only good thing that has happened as a result of many roadblocks and delay was that some of the faculty of the School of Pharmacy have joined as enthusiastic supporters of the projects and have recommended certain modifications in the original plans that will further enhance the value of this important project. Your chairman has agreed wholeheartedly with these changes and authorized their incorporation.

Currently all that I can report to you at this time is that our President, William A. Cooley, has signed the new contracts and at present they are in the hands of the Bulman Company for their signature, after which they will be sent to the University of Maryland for acceptance or rejection.

This has been a most frustrating year. Road block after road block to be broken and pressure constantly maintained. Yet obstacles continue to rise. The Bulman Company representative suffered a severe heart attack, the company itself changed hands. I will continue to press forward with all my resources to successfully culminate this long, long overdue project.

Our liaison with the School of Pharmacy continues at a high level. Dean Foss, as well as many members of the faculty, maintain a most friendly, cordial, as well as cooperative relationship with our Association.

Most meetings that were held during the year were held jointly with the Robert L. Swain Seminar Committee, of which I was Chairman as well. I wish to thank Dean Noel E. Foss, members of the Pharmacy School Committee, as well as our Secretary, Nathan Gruz for their cooperation.

REPORT OF ROBERT L. SWAIN SEMINAR COMMITTEE

Irving I. Cohen, Chairman

On Thursday, March 12, 1964, the 4th Annual Robert L. Swain Seminar, co-sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy, was held in the University of Maryland Health Sciences Library Auditorium. It consisted of a morning and afternoon session. As for the past three years ago, it featured a top level scientific as well as educational program.

The featured speakers at the morning session were our own Dr. Norman J. Doorenboos, Professor of Chemistry at the School of Pharmacy. A discussion on "Designing Therapeutic Agents—New Approaches and Understanding", followed by Dr. Van M. Sim, Deputy Director of Medical Research, U. S. Army Chemical Research and Development Laboratories.

The speakers at the afternoon session were Dr. John J. Sciarra, Professor of Pharmaceutical Chemistry, St. John's University, Brooklyn, N. Y., who spoke on the "Pharmaceutical Aspects of Aerosols". He was followed by the internationally famous Dr. Frances O. Kelsey, Chief, Investigational Drug Branch of the F.D.A. who spoke on the "Clinical Evaluation of Drugs".

The attendance at both sessions numbered approximately 150 persons and, while about the average attendance for the past seminars, your Chairman feels that somehow we are not reaching the people for whom this invaluable seminar was instituted—the practicing pharmacist. The Swain Seminar for the past four years has featured the finest speakers on pharmaceutical subjects available, truly a must for all pharmacists if at all possible. The Chairman, therefore, asks the Convention to give immediate consideration for the creation of a pharmaceutical honor society, Maryland Academy of Pharmacy. Eligibility to this honor group of pharmacists to be based on a point system, allowing so many points awarded for attendance at seminars, convention, regional and local meetings of pharmaceutical associations. The members to be suitably recognized by the awarding of a certificate, a lapel pin or a store decal. I feel that those people who do attend should be more suitably recognized than by our present method. Membership in the honor society should be a cherished aim and desire by pharmacists and membership should receive full and suitable publicity.

I feel the creation of such a society will go far to increase attendance not only at the Seminar but all other pharmaceutical gatherings as well.

The Chairman at this time wishes to thank Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy, Co-Chairman, for his cooperation and invaluable assistance in presenting the Seminar, as well as all members of the Seminar Committee. Thanks to Dr. Shangraw and Dr. Ichniowski, previous panel members of the faculty of the School of Pharmacy for their sound advice and cooperation. Last, but certainly not least, our own Secretary, Nathan Gruz, I wish to thank Nathan for his devoted efforts as well as for his ingenuity. Through his own personal solicitation, he was able to obtain a grant from Smith, Kline and French Laboratories to underwrite a substantial part of the cost of the Seminar.

REPORT OF THE LEGISLATIVE COMMITTEE

Jerome Mask, Chairman

The Legislative Committee, in its meetings, has considered and discussed the many problems of Pharmacy which could be eliminated or alleviated by legislative action. There are many seemingly easy solutions to many of these problems, however, the committee must operate within certain limits. Public health and welfare are prime requisites for any legislation and the majority of the members of this organization must be in agreement with any program adopted by this committee.

Within these confines, the committee adopted a tentative program aimed at increasing the scope and function of the Board of Pharmacy by:

1. Enabling the board to issue regulations for the granting of a permit to operate a pharmacy.
2. Broaden our present Code of Ethics or "Unprofessional Acts".
3. Establish and designate a third class of drugs and regulate how, where and by whom they may be sold.
4. Define "Pharmacy", the profession and the business.

At the request of the Executive Committee, a Steering Committee was set up; representing the Board of Pharmacy, Board of Health, Legal Counsel, and the Association to help crystalize our program. This committee included in the proposed program the "right of appeal by the Board" from adverse judicial decisions.

Because of adverse court rulings, inaction by the last legislature on the laws proposed by the Board of Pharmacy, and veto by Gov. Rockefeller of New York "Pharmacy Ownership laws", it was unanimously agreed that a definition of Pharmacy was mandatory before adequate, beneficial legislation could be presented. A definition that would be comprehensive in scope, instrumental in elevating the profession of Pharmacy, and acceptable to the practitioners of Retail Pharmacy. Up to this time, no satisfactory definition has been evolved. Our legal counsel is working in close cooperation with us to develop such a definition.

This committee is cognizant of the urgency for desired legislation. We are aware of the needs of Pharmacy. However, we cannot present a program which does not have concrete aims, which is not in the best interest of all segments of Pharmacy or which does not have good prospects of passage.

Within these boundaries we are working in your interest.

I wish to thank the members of the committee for their cooperation. Also Mr. Gruz, our Secretary, Mr. Kaufman, our legal counsel, and Mr. Balassone of the Board of Pharmacy.

REPORT OF THE PROFESSIONAL RELATIONS COMMITTEE

Stephen J. Provenza, Chairman

Diabetic Detection Week, November 17 - 23, 1964

Our committee met in November 1963 with Dr. A. A. Silver of the Maryland Diabetic Association and Dr. Robert Ensor of the Medical and Chirurgical Faculty of Maryland's Diabetic Committee to formulate plans for the establishment of a Diabetic Detection Center at the 5th Regiment Armory in Baltimore. With the cooperation of volunteer workers from the Baltimore area, thousands of patients from Baltimore were tested for this insidious condition. The United States Public Health Service contributed a clinitron and staff to do blood sugar determinations. X-rays of the chest to screen for early tuberculosis and other respiratory diseases were taken by the mobile unit of the Baltimore City Health Department.

I wish to commend Charles E. Spigelmire for his cooperation in arranging for publicity in the newspapers, radio and television programs. For the first time a photograph showing our exhibit with various members of the participating groups appeared in the May 1964 issue of the Maryland State Medical Journal. On the basis of this publicity, the U. S. Public Health Service has contacted Dr. Silver with the idea of formulating plans to use this Maryland plan on a national state by state Diabetic Detection Drive. Thus, Dr. Silver is being given national recognition for the great work that he has done over the years.

Dental Convention

The Maryland State Dental Association had for its annual meeting a cruise to Bermuda on the luxury liner S.S. Argentina. The date of departure was May 1st from the Dundalk Marine Terminal. Our association presented a table clinic aboard ship on "The Value of the Accepted Dental Remedies to the Dental Practitioner". The hours were from 9:00 A.M. to 11:00 A.M. A farewell party followed and the ship left at 1:00 P.M. Order blanks sent by the American Dental Association were used in securing orders for this 1964 edition of "Accepted Dental Remedies". It is available in English or Spanish. Also, a paper was given to dentists containing a formula for preparing a Phosphate-Fluoride Solution to combat dental caries. The Forsyth Dental Clinic of Boston, from which this information was obtained, claims that by the dentist applying this solution to the patient, there is a 70% reduction in cavities. This is a greater reduction than can be obtained by using a fluoride toothpaste or application of a stannous fluoride solution by the dentist. A news article concerning this paper appeared in the **News American** of Baltimore, mentioning the Maryland Pharmaceutical Association.

Your chairman has been invited again by Dr. Edward C. Dobbs, Professor of Pharmacology in the University of Maryland School of Dentistry, to give a lecture on dental therapeutics and dental-pharmaceutical relations during the next scholastic year.

National Science Fair

From May 4th to May 9th the National Science Fair, a national organization, held its annual meeting at the Baltimore Civic Center. This affair was sponsored by the Johns Hopkins University, the Kiwanis Club and the Martin Company. Over 450 exhibits created by high school students were judged and awards presented. Approximately 150,000 people viewed these exhibits which featured the biological sciences, the health sciences, astro-physics and other scientific fields. With these students came their parents and science teachers from all parts of the United States.

Dean Noel E. Foss, Secretary Nathan I Gruz, Victor H. Morgenroth, Jr. and Theodore Benya were selected by the American Pharmaceutical Association to judge the exhibits pertaining to drugs and pharmaceutical procedures. At a banquet held at the Civic Center on Thursday, May 8th, the winners of the exhibits pertaining to health received their awards. President William A. Cooley represented the Association.

All arrangements for the health awards banquet were made out of town by the American Medical Association, the American Dental Association, the American Veterinary Association and the American Pharmaceutical Association. The local health organizations did not participate in any of these arrangements. Next year the event is to be held in St. Louis, Missouri.

Medical Convention

Our Association, together with the Baltimore Metropolitan Pharmaceutical Association, sponsored an exhibit at the annual meeting of the Medical & Chirurgical Faculty of Maryland held at the Alcazar on May 6, 7 and 8. A giant push button telephone was featured emphasizing the pharmacist as a source of information on drugs both new and old. All pharmacists were invited to these exhibits and also attend the meetings of the convention. Our members were also invited to the luncheon at the Stafford Hotel which featured round table discussions of current medical problems. A cocktail party was given for the benefit of the exhibitors.

Dr. George Larrick, commissioner of the Federal Food & Drug Administration, recently paid a great tribute to pharmacies of the United States when he directed physicians to their pharmacist for drug information because of the availability of the pamphlets enclosed on each bottle of medicine, be it liquid, ampuls or tablets.

Affiliate Memberships of Pharmacists To A.M.A.

Last December at a meeting in Portland, Oregon, the House of Delegates of the A.M.A. changed their by-laws to broaden the category of affiliate memberships. The five classes that have been opened are as follows:

(1) Physicians who are members of the chartered national medical society of foreign countries adjacent to the United States.

(2) American physicians located in foreign countries or possessions of the United States and engaged in medical missionary and similar educational and philanthropic labors.

(3) Dentists who hold the degree of D.D.S. or D.M.D. who are members of state and local dental societies.

(4) Pharmacists who are active members of the American Pharmaceutical Association.

(5) Teachers of medicine or of the sciences allied to medicine and Ph.D. scientists in industry who are citizens of the United States and are not eligible to membership.

Affiliate members of the A.M.A. are not required to pay dues, but each affiliate member is provided with a membership card enabling him to attend all scientific meetings, as well as to receive other AMA mailings, including the AMA News. Subscriptions to AMA publications are available at a 50% reduction in subscription price. However, affiliate members are not eligible to vote.

This magnanimous gesture on the part of the AMA was a surprise to your chairman as I have been told many times that membership in that body was only for those who hold the MD degree.

In conclusion, I wish to thank the following for their great cooperation in this committee work: Aaron M. Libowitz, Charles E. Spigelmire, Samuel Morris, Jerome L. Fine, Milton A. Friedman, Bernard Lachman, Samuel Sheller, Donald O. Fedder, Harold P. Levin, Jerome Mask, and Secretary Gruz.

REPORT OF THE PUBLIC RELATIONS COMMITTEE

Charles E. Spigelmire, Chairman

The most important community business is the pharmacy. It is missed the fastest and for the longest period of time after it closes never to be reopened. The people voice the admiration they had for the departed pharmacist and they express sorrow because he is gone.

I believe that the traditional gentle spirit of the dedicated practitioner of pharmacy is an asset second to none in the operation of an independent pharmacy.

There is much in favor of the independent retail pharmacist imbued with ideals of pharmacy. He enjoys the important advantage of personal relations with customers. It is derived from the application of the knowledge that it is necessary to respond to the urges of the heart in order to minister to fellow creatures afflicted with disease.

Pharmacy is a part of the country, and likewise the independent pharmacy. Is it sensible, then, to believe that the future of pharmacy is in a downswing?

I can assure each and every one of you that your Public Relations Committee does not espouse this thinking, or accept this theory for pharmacy. Your committee realizes full well the many difficult and heart breaking problems that are confronting pharmacy and the retail pharmacist today. This committee is constantly striving to create the most favorable image possible for the independent pharmacist with the public. During the past year your committee has tried to use continually, wisely and judiciously the media of radio, television and newspapers in a sincere effort to tell all the people that you the community pharmacist were truly their best neighbor.

Those of you who were listening to radio station WCAO in Baltimore last night at 10:30 P.M. and heard the weekly Sunday night program of the Maryland Pharmaceutical Association entitled "Your Best Neighbor" heard the two hundred and fortieth consecutive radio program devised, directed and dedicated to tell the public about the pharmacist. The program last night deviated from our usual format because on this program we were saluting our physician friends with a program entitled "A Tribute to Medicine". Through its long existence this program has touched upon all the important and interesting facets of pharmacy. We have told the listeners about the pharmacist, the pharmacy, old drugs, new drugs, the prescription today and yesterday, the art of prescription compounding, the origin of some pharmaceutical traditions, distribution of drugs, the state and pharmacy, the federal government and pharmacy, the education of a pharmacist. These are just a few of our subjects but it gives you some idea of how we strive continuously to acquaint the public of how important the pharmacist is to their comfort and welfare.

We are sure "Your Best Neighbor" program has a definite tangible value for pharmacy by giving it added prestige and patronage. It is impossible to realize how much intangible publicity we receive from this program emanating from a radio station which has one of the largest listening audiences in Maryland.

For their splendid cooperation and generosity in making this program possible, I wish to personally thank Mr. Byron Millenson, Station Manager at WCAO, and Mr. Charles Purcell, Director of Public Service at Station WCAO.

It has always been said that an educated public is an understanding public. During the past year we tried to give the public a keener knowledge and understanding of pharmacy and its problems by having members of the Maryland Pharmaceutical Association appear on different well known radio programs to discuss pharmacy's present day situation.

The story of pharmacy was presented in a most brilliant manner on the "Speak to Me" program on Station WCBM in Baltimore. Mr. Nathan Gruz, Mr. Victor H. Morgenroth, Jr. and Mr. Aaron M. Libowitz appeared on these programs and presented our side of pharmacy in a most clear and understanding manner.

Pharmacy received another real boost during a question and answer program known as "Saturday Forum". This program originated from Station WCBM and was presented by Mr. Victor H. Morgenroth, Jr. and Mr. Nathan I. Gruz. Their ability to answer the various telephone questions concerning pharmacy during the program was indeed a tribute to our profession.

Your Public Relations Committee has always been most anxious to cooperate with any other committee requiring its assistance and advice. It has always been a pleasure to extend a helping hand to assist other chairmen to attain success in their various activities. During the past year your Public Relations Committee helped to make Diabetes Detection Week, Pharmacy Week and Poison Prevention Week outstanding pharmaceutical endeavors.

The success of any committee depends upon the sincere cooperation of its members. During the past year the members of your Public Relations Committee were called upon to make many telephone calls to the membership to insure the success of various activities. These men were always most helpful and cooperative in this assignment. They made all of these calls on their own time and their personal expense.

Last year we initiated a Public Health Information Program for our membership to be used in their pharmacies, and we are quite pleased with the results obtained by the members who used this method of public relations. The idea consisted of a pamphlet rack and numerous informative pamphlets discussing pertinent pharmaceutical and medicinal subjects. The pamphlets were given to your customers when they came to your pharmacy in an effort to create the impression that they were receiving the careful attention of a professional pharmacist as well as a skilled merchant. I feel the true potential of this public relations idea is still in its infancy. It will take a dynamic, aggressive effort by our association and my committee to enable you, the pharmacist, to realize the full value of these health information centers. Nearly everybody is hungry for some form of pharmaceutical knowledge and it is our aim and desire that they get it in the pharmacy rather than the food market or discount store.

Now I am going to present to you the format for one of the most far reaching and dynamic public relations programs ever enjoyed by any pharmaceutical association in this country. Before explaining this program, I want all of you to know that the Maryland Pharmaceutical Association is receiving this program through the aggressive, untiring and brilliant effort of our secretary, Mr.

Nathan I. Gruz. It was he who made the initial contact with the group providing this publicity and it was his consistent and correlated planning that will give the pharmacists in Maryland tremendous, additional publicity.

This year long program will be known as The Cancer Educational Program and will be prepared. edited and subsidized by The American Cancer Society. The publicity will be built around the theme, "The Role of the Pharmacist in Cancer Control". Please bear in mind as I unfold this contemplated public relations program, devoted exclusively to the pharmacist, that it is being provided in its entirety by the American Cancer Society. The material to be used will be provided by the American Cancer Society, subject to the approval of this association. The radio, television and newspaper publicity used in the presentation of this program will be supplied by the American Cancer Society.

This test program is a pilot series for similar arrangements throughout the United States. Once again, it is ours through the sincere effort of our Secretary, Mr. Nathan I. Gruz.

The American Cancer Society asks us to do one simple thing for giving us this marvelous public relations program. They feel that the Maryland Pharmaceutical Association should cooperate to its fullest extent in carrying out the basic features of this excellent program. We should regard this program as an excellent opportunity to create a finer professional image for you the community pharmacist.

Our projected arrangement with the American Cancer Society calls for this program to open with a television panel discussion early in September. The panel should consist of a pharmacist, a phyisican, an American Cancer Society board member and the Chairman of the Public Education Committee of the Maryland Pharmaceutical Association.

This twelve month program will be divided into six sections, each section covering a two month period. Each period will be covered by a special pamphlet edited and produced by the American Cancer Society. It is suggested that these pamphlets be dispensed from a holder depicting a pharmacist in a white coat. Those who have health information centers may dispense them from these racks if they choose. The American Cancer Society will supply volunteer workers to make sure all stores receive these pamphlets and have a satisfactory place to display them.

The success and longevity of this public relations program being given us by the American Cancer Society depends upon one simple thing, and that is a wholehearted, cooperative effort by the membership and a hard hitting follow up program by the Maryland Pharmaceutical Association to let the American Cancer Society know and see that we sincerely appreciate the effort they are making in our behalf.

Our work during the past year was not that of any one individual but rather the culmination of a cooperative effort of many,

many wonderful people. It has had its headaches and heartaches but the magnificent spirit exhibited by this committee made the heavy burden seem light. The brilliant results obtained in our work were due to the untiring efforts of everyone who gave unstintingly of their time and ability whenever they were called upon to help. For his ideas and encouragement, I want to particularly commend our Executive Secretary, Nathan I. Gruz. For his cooperation I should like to thank Jim Rains of our office staff. For their courtesy and assistance I should like to express my appreciation to Mrs. Lillian Boyd and Mrs. Geraldine Boan in our association office.

Thanks to all of you for being so nice to me.

REPORT OF THE CIVIL DEFENSE AND DISASTER SURVIVAL COMMITTEE

Jerome Block, Chairman

Delivered by Charles E. Spigelmire

Attractive window displays, concerning the Civil Defense Fallout Shelter program, were secured for the Association and their availability publicized. With the splendid cooperation of wholesalers, between 100 and 200 displays requested by pharmacies were placed at those locations in retail pharmacies.

At the request of Civil Defense Headquarters, Pikesville, and again with the cooperation of wholesalers, posters (8x10) describing the Civil Defense warning signals were distributed to every pharmacy in the state. This was done within a two week period and vividly dramatized the effectiveness of our drug distribution system when used to disseminate information or material vital to the public interest.

To stimulate a greater interest, matters regarding Civil Defense and Disaster Recovery have been presented in journals, at meetings and at the Swain Seminar. While the recommendation that some of these matters be on the convention program was not heeded and some other recommendations have been tabled or forgotten, where cooperation has been received, it has proven helpful. To those who have assisted in the various programs—thank you.

The main task of this committee has been somewhat shy of being successful. The establishment of the Neighborhood Pharmacy as a Recruitment Center for the Medical Self Help Training Course has not met with expected enthusiasm. This program has been previously explained and publicized to the Association in various ways—in journals, mimeograph forms, newsletters and at meetings. For two successive years, this program has undergone experimentation at the Curtis Bay Pharmacy, where two splendid classes have been developed. The response of the Maryland Pharmacutical Association to this program, however, has unfortunately been very poor. Considering the low cost for the numerous vital benefits to be reaped by a participating pharmacist and his profession, it is difficult to understand why this program has not met with more success.

The benefits which tests have shown to be of value are in the following fields:

A. Physician - Pharmacist relations.
Neighborhood doctors have appreciated being detailed regarding the availability and nature of this course, that they might direct patients who they feel would benefit to places of enrollment.

B. Customer Relations.
The customer truly appreciates the interest taken in him, and once completing the course, is forever indebted to the pharmacist who has steered him to it.

C. Publicity.
When properly handled, the volume and value of publicity received is wonderful to behold.

The above benefits are in three areas where our Association has spent much money and effort, and gotten very little in return. The cost of these benefits is a small, but sincere, effort on the part of the pharmacist. Unless greater support is given this program, its abandonment must reluctantly be recommended.

What a shame it would be to abandon a worthwhile program of such great potential!

REPORT OF THE AUDITING COMMITTEE

Charles E. Spigelmire, Co-Chairman

The auditing committee met in the Kelly Memorial Building on Wednesday, June 24th at 3 P.M.

Those present were Secretary Nathan Gruz, Treasurer Morris Lindenbaum, and Charles Spigelmire.

The audit prepared by Robert W. Black, Certified Public Accountant, was reviewed and discussed. All Association accounts were found to be in order according to the audit.

The contents of the Association safe deposit box in the Mercantile Safe Deposit and Trust Company, were checked previously by Mr. Leonard Rohme, representing the firm of Robert W. Black, Secretary Nathan Gruz and Charles Spigelmire. We found all the bonds and securities to be present as claimed in our auditor's report.

REPORT OF THE FAIR TRADE COMMITTEE

Simon Solomon, Chairman

First of all, I would like to say we hope that the United States Supreme Court, upholding the Ohio case in an 8-1 decision, was a momentous occasion for many independent small retailers who have been struggling for economic survival during the past decade.

The main point involved was whether the McGuire Act sanctioned a state law like that enacted by the Ohio legislature, which was patterned very closely after the Virginia fair trade law. This law, as you know, was held valid by the Supreme Court of Virginia, although the same court is understood to have opposed the original fair trade law with the non-signer clause.

The case was appealed to the United States Supreme Court, but the High Court refused to review the decision, which was practically the same as saying that the fair trade law of Virginia was valid.

Ohio's fair trade law is based on the theory of implied contract. It means that a retailer who buys a product with notice that the manufacturer has fixed a minimum resale price has thereby entered into an agreement to sell these commodities as stipulated.

It was the contention of the counsel for Hudson, the discounter, that the McGuire Act covered only contracts and agreements, and does not contemplate contracts that would be made effective under the Ohio law by the sending of resale price notices by trade mark on it to distributors. In other words, it covered contracts and agreements, but not notices.

On the other hand, counsel for Eli Lilly argued that the McGuire Act could not be construed as prohibiting fair trade by notice. Congress, he said, intended that the law be enforced against anyone whether a signer of a fair trade contract or not, if such an act was sanctioned by law, and made it clear that he wanted to omit resale price maintenance by whatever method a state did. He emphasized very strongly that the McGuire Act unquestionably, irrevocably and completely authorized what had been done in Ohio.

The Court stated that Congress in the McGuire Act had approved state statutes sanctioning resale price maintenance schemes as those involved in Ohio. Justice Goldberg said, "whether it was a good policy to permit such laws is a matter for Congress to decide". Where the statutory language and legislative history clearly indicate the purpose of Congress, that purpose must be upheld.

This implied contract theory was deemed necessary by the Ohio legislature and by the Ohio courts to satisfy the state constitution which has recently been held to invalidate the enforcement of resale price against non-signers.

The court said that the Ohio contract by notice was permissible under federal law. And Justice Goldberg indicated very clearly, and this is very important, that manufacturers are wise to have their fair trade prices on many signed contracts—not one contract. Eli Lilly had 1400 contracts signed, which was about 65% of all Ohio pharmacists in that state.

Now let's go back to the statement of Mr. Justice Goldberg when he said "What is a good policy to permit such laws is a matter for Congress to decide". He was general counsel of the AFL-CIO prior to being appointed Secretary of Labor by the late President Kennedy. Labor has always been strongly opposed to this type of legislation.

Strangely enough, Mrs. Esther Peterson, who was appointed by President Johnson as special assistant to look out for the welfare of the consumers, was definitely responsible for the stand that President Johnson took opposing fair trade or Quality Stabilization.

It is my feeling that her lobbying for the Administration and particularly the Justice's statement that influenced the members of the Senate Commerce Committee in their thinking that legally the law meets all the requirements of the McGuire Act, but that Congress should consider very carefully the serious effect enactment of Quality Stabilization would have upon the pocketbook of the consumers because of the increased prices we will be forced to pay by this legislation.

Now remember that our leaders and many others were always sure that when the showdown came we would have a majority of the members of the Senate Commerce Committee in favor of this bill. Then it seemed to narrow down to a difference of one vote one way or the other. And when the U. S. Supreme Court ruled favorably in the Ohio decision they felt sure, like everyone else did, it would definitely influence a few members who were on the fence to vote for the legislation.

Now, I don't want to be critical of Senator Humphrey, but he is supposed to be our leader and looking out after our interests, and he has worked very hard for us. Remember, he is one of the most influentinal members of the Senate—he has a lot of power and there are 17 members on the Senate Commerce Committee. Only 11 voted, 6 favorable and 5 against it. That would mean there were six that did not vote. Senator Scott of Pennsylvania and the others that are strong advocates of Quality Stabilization were not present. You can't tell me that a person with influence could not have gotten a few more members to appear to turn the tables, but the politics involved were that when the vote was taken, it was tabled. We are left holding the bag.

While it is true that we should rejoice over the Ohio decision, I am afraid that defeat of the Quality Stabilization Bill this time will bring about a greater effort by our powerful and influential opponents to prevent the enactment of laws like Ohio in those states with no fair trade laws. They will magnify the action by saying that Justice Goldberg said the U. S. Supreme Court had to agree with the McGuire Act, but that it is up to Congress to determine whether the law is a good law and indirectly intimated, I would say, that it is up to the state legislature and the public to decide if it is a good law.

Another powerful weapon which they can use is that Congress has been considering this legislation for over six years and has decided that, economically, it is not good for the public and will raise the price of many every day commodities. This is not true, however, it is the propaganda they can easily use.

They can now further support this by pointing out that the President of the U. S., the Fair Trade Commission, the Department of Agriculture, President Johnson's Consumer Counsel, the Special Assistant for Consumers Affairs, the Department of Justice, labor, farmers and the press, have all opposed this legislation on the ground that it will undoubtedly increase the cost of living.

To my way of thinking, this opposition would not have developed had it not been for the attempt to enact the federal fair trade law, and we could probably have enacted many state laws like in Ohio without much opposition.

It would seem to us that the Ohio law has an advantage over the federal law, inasmuch as federal legislation, if enacted, will exclude prescriptions, whereas fair trade laws recently upheld by the U. S. Supreme Court give the manufacurer the legal right to maintain and establish minimum prices of prescriptions if he so desires.

I want to say, as a matter of credit to the N.A.R.D., that the fact that prescriptions were left out is no fault of theirs. They fought, and fought hard for it, but unfortunately for many reasons obstacles were in their path and they had to accept what they call a compromise.

But the Ohio case is not over. Among the questions to be decided by the Ohio courts still are whether Lilly and Upjohn had uniformily enforced their fair trade contracts in the state, and whether Lilly has modified its fair trade program by abandoning enforcement on prescription prices in Ohio. That will come before the Supreme Court again.

Now let us assume for argument's sake that the Ohio court should decide that we cannot include prescriptions. Let us suppose that the Supreme Court upholds that particular decision. And then let us again take the other side. Suppose the higher court says that you must enforce your contract by having all your products in your catalog and the Supreme Court should uphold that. I know that most of you would say, half a loaf is better than nothing. And that if we can get over-the-counter items then we are better off than not having anything, so why worry about prescription items.

I cannot go along with that reasoning at all. I would like very much to see the Supreme Court say that you must include prescriptions in the entire catalog. Don't forget that the big buyers and discounters are able to buy direct and they can get 15 percent or more, but the majority of little fellows must buy from the wholesaler. Then let's consider the spread between the fair trade price and the cut price. For example, if the item is a dollar and the cut rate price is 85c, if he gets a dollar, he has another 15% to operate with.

Therefore, it is my contention that it will cause chaos. Those that have a large prescription department can charge only 15 or 20% or, as a matter of fact, cost for these prescriptions because of the large profit they are making on the other items. They can get big volume by bringing these people into the store and the prescription department will suffer.

I think the following is very important. This is my own opinion and probably you all will disagree with it. This is not a reflection or a criticism of the N.A.R.D. I think they have worked hard and spent a lot of money for many years trying to put through the Quality Stabilization Bill. Unfortunately, as yet they have not been rewarded for their efforts. I have here a letter that was written January 21, 1958 to the late John Dargavel.

"My dear Mr. Secretary: I have followed with a great deal of interest the proposed system of retail price protection prepared by your legal experts, which will eliminate all fair trade contracts, and also the very controversial nonsigner bill.

I realize fully that if fair trade is to survive, steps must be taken to prevent the unfavorable procedure of the high state courts, which have declared fair trade acts unconstitutional, mainly as it applies to non-signer clauses. But should we be pressured into taking immediate action at this stage, to my way of thinking, is suicide.

I feel very strongly, Mr. Secretary, that any attempt to put such legislation of this nature through Congress at this time in a federal act is bound to meet with strenuous opposition. (That, as you know, has already happened). We should start immediately, but we should not attempt to carry out a program such as a federal act, which in my opinion, as I said, is doomed to failure. We should attempt simultaneously, in order to save time, two programs.

First, we should make every effort to amend the McGuire Act in simple and plain language, so it is just as much a violation to ship a fair trade product from a non-fair trade area like D. C. into a fair trade state.

I feel that we can succeed in this undertaking and surely you will agree that our chance of amending an enabling act is much easier than enacting a federal fair trade bill. You and I remember Congress passed the McGuire Act with an overwhelming majority in both houses. I am confident that with the wholehearted support of the entire drug industry, as well as other support under your leadership, could succeed in getting this amended.

Do not lose sight of the fact that the members of Congress went along with the McGuire Act because they felt that the members of the legislatures of their respective states, who speak for their constituents, decided that fair trade was in the best interest of the public and, therefore, they should do everything possible to implement such legislation by removing interstate restrictions.

At the convention of the N.A.R.D., they got up on the floor and it recommended very strongly that the Act be amended immediately, otherwise a lot of manufacturers would go off fair trade completely. Their answer was that they believed the higher court would overturn the decision—which it did not do. But in the meantime, it meant we lost a lot of time.

I feel strongly that we can plug this loophole if those manufacturers that are sincere will be patient enough to play along with fair trade until we can go all out for a federal act until the individual states enact this legislation. Also, do not loose sight of the fact that this will also afford real protection for those retailers, especially in the drug field, who are now operating in fair trade states.

Secondly, let us go back to the proposed fair trade legislation. Don't you feel that without losing any valuable time while attempts are being made to amend the McGuire Act or even put through a federal act, we could at the same time select one or two states in which fair trade has been declared unconstitutional, especially because of a non-signer clause, which is true of most of the states that have no fair trade, and apply the same principles that were proposed for the federal fair trade legislation, which is the same as Ohio, to those individual states. If we succeed in having those state legislatures enact such legislation then we can follow the same procedure in those states that have in the past few years thrown out fair trade.

If we are successful, and it seems to me that our chances for success are much better in the state legislatures than in Congress, then it seems to me that we will be definitely on a more solid foundation for a federal fair trade act."

Now, let me hold up, for example, the 1958 Proceedings Number. I would like to read to you just a paragraph of what we said in that report.

"The U. S. Supreme Court in refusing to review the U. S. Circuit Court of Appeals ruling in the General Electric - Masters Case, allowing consumers in a fair trade state to buy at discount through a mail firm from a non-fair trade state, made adherence to fair trade practically impossible. That was one of the main reasons, if not the most important one, why General Electric threw in the sponge."

As we predicted as far back as 1956 at our Convention, unless the McGuire Act was amended so as to prevent fair traded products from being sent into fair trade areas from non-fair trade below the price, General Electric would be compelled to go off of fair trade and when that happens it would set off an avalanche that would continue rolling and carry many other fair trade manufacturers along with it. Not long after that, Toastmaster, Sunbeam, Ronson, Schick, Royal McBee, Smith-Corona and Waring Products followed. However General Electric did not relinquish fair trade after high state courts invalidated fair trade. But it went off almost immediately after the Masters unfavorable decision against it.

Mr. Sawloff, Vice President of G.E., stated very openly that the "mail order loop hole" is one of the things that helped to make fair trade unenforceable for his company. Dealers complying with G.E.'s fair trade prices in fair trade states were placed in unfair competitive position located next to fair trade areas, therefore they had to go off of fair trade.

Let me read you another paragraph from 1961 to show that we have been trying to press this issue from time to time. "It is our opinion that if the U. S. Supreme Court should decide in favor of high state court of Virginia (which since has happened). We should without any delay give careful consideration to the wisdom of seeking legislation in each of the affected states that have outlawed fair trade because of the non-signer clause which would follow the general pattern of the Virginia fair trade act."

Now we do not mean to infer that we can expect the same results from the Fair Competitive Practices Act or the Quality Stabilization Law. No one can anticipate the final outcome of this legislation. But we should, due to past experience, endeavor to save valuable time by preparing ourselves accordingly. That is, while we are undertaking to enact a federal act and we should at the same time make every effort to have as many non-fair trade states as possible pass legislation to the same tune as the Virginia Act, which follows the general pattern of federal legislation now in Congress.

We believe this legislation, if enacted in individual states, would not only restore the benefit of fair trade to the retailers, but would change the thinking of the high court in those states that previously turned thumbs down on non-signer clause; because the entire fair trade structure would then be on a more solid foundation. But it cannot be denied that the chances of enacting this in the state legislature is surely less difficult than attempting to enact it in Congress, and can be accomplished in a much shorter period of time. But the most important thing is, that if enacted in the state legislature, these states would be able to carry on if there should be a delay in passing a federal bill and it would also be a tremendous influence upon their representatives in Congress in voting favorably for a Fair Competitive Practice Act.

If we had attempted seven years ago to pass in those states which had thrown out fair trade, a law similar to the Ohio law, I feel sure that by this time we would probably have 10 or 15 states that would have passed this legislation. And, if the Quality Stabilization Bill is enacted next year, and if it does not have any amendments, some of you might say, well, Si, you've wasted a lot of time spending a lot of money getting an act when we have a better act. But we do not have a federal act, and while I am hoping and praying that we do, no one knows how long it will take to get a federal act. (So in the meantime, where are we if we do not have the individual acts?) I think now is a good time to start. But I think we missed the boat in not trying to enact this some time ago.

Now, three things have happened in my opinion that could have put fair trade on a very solid basis right this day.

One is, and Justice Goldberg stated this in his decision, that it is a good thing for a manufacturer to have many signed contracts. As a matter of fact, we have been preaching that the last 25 years.

I think the second mistake was made when we did not amend the McGuire Act.

The third mistake was when we did not start years ago in trying to put through individual state acts. I honestly believe that if we had done that, today we would have been in a strong position even though we did not have a fair trade act. Because if you could have 10 or 15 states that didn't have fair trade and have them re-enact similar to the Ohio law, and you have 25 states now that have a good solid law like Maryland, when you put them all together the manufacturers are very much concerned because they have something to work with.

These are my personal opinions which I thought I should bring to the attention of this Convention.

CONCLUSION

President Cooley announced the conclusion of reports for the day. He congratulated the chairmen and the members of the committees for their informative reports which reviewed the activities of the Association for the past year.

The President then pointed out the convention highlights for the balance of the convention. He announced that that evening's entertainment would feature a floor show at the Harlem Club. The TAMPA Extravaganza would be presented Tuesday evening; the professional variety show and Presidential Cocktail Party, courtesy Youngs Rubber Company, Wednesday evening. Calvert Drug Company would provide a daily bulletin of events at breakfast each morning and Henry B. Gilpin Company would have the **Morning Sun** delivered at everyone's door.

President Cooley urged all to be in attendance at the speaking programs and business sessions.

The first session adjourned at 4:30 P.M., following the drawing of prizes.

SECOND SESSION

Tuesday, June 30

The Second Session of the 82nd Annual Convention of the Maryland Pharmaceutical Association was called to order in Kerry Hall by President William A. Cooley at 9:40 A.M.

Morton J. Schnaper delivered the Invocation.

President Cooley called for continuation of Committee Reports from Monday.

NATIONAL PHARMACY WEEK COMMITTEE REPORT

Morris L. Cooper, Chairman

Delivered by Norman J. Levin

The Pharmacy Week Committee of the Maryland Pharmaceutical Association held its first meeting on August 18, 1963 at the Kelly Building, where plans for National Pharmacy Week were formulated.

A booth with first prize winners of recent Pharmacy Week Window Display Contests was installed at the Warren House, where the Mid-Atlantic Drug, Cosmetic and Gift Show was held on August 20, 21 and 22nd.

Another meeting was held at the Kelly Building on September 9th. Final plans for National Pharmacy Week were approved.

Signs were installed prior to October 6th requesting members to participate in **National Pharmacy Week Window Display Contest.**

The Committee was instrumental in obtaining an official proclamation. Governor J. Millard Tawes and Mayor Theodore R. McKeldin proclaiming **National Pharmacy Week** from October 6th to 12th.

This committee requested and was given television and radio announcements over WWIN, WAYE, WBAL, WITH, WCBM, WMAR-TV and WCAO.

The committee designed and made available window display kits for **National Pharmacy Week.** These consisted of three signs on the theme of "Family Physician plus Family Pharmacist Equals Healthy Family" with the addition of two cut-out show globes. The kits were made available at a cost of $6.60 with optional installation of $6.00 for windows up to 8 feet in length. Future window displays and kits will contain cut-outs of mortars and pestles, antique apothecary jars and other symbols of Pharmacy.

National Pharmacy Week was publicized through the B.M.P.A. Newsletter, Calvert Bulletin, Loewy Letter and Gilpin Tips.

One hundred and twenty-one professional kits were sold and displayed throughout Baltimore City and the State of Maryland.

A second professional kit was offered and sold to the Baltimore City pharmacists but was not as successful as the previous one during pharmacy week.

On November 25th a meeting was held by three judges, who agreed to judge the entries in the contest of National Pharmacy Week. They were:

Mr. Harry T. Casbarian, Director of Baltimore Student Union Building.

Dr. Ralph F. Shangraw, Assistant Professor of Pharmacy.

Miss Joan M. Wolle, Chief Public Health Education.

First prize for the state was awarded to Peoples Drug Stores.

Second prize for the state was awarded to Milton A. Friedman.

Third prize for the state was awarded to Read Drug and Chemical Co.

I wsih to thank all members of the committee for their support and assistance and to those members who so generously loaned me their awards for display at the Drug Show. Thanks to Messrs. M. A. Friedman, A. Libowitz, Nelson Warfield and Charles Spigelmire for their splendid assistance.

REPORT OF INSURANCE AND PENSION COMMITTEE

Norman J. Levin, Chairman

During the past year two important programs were recommended by this committee and approved by the Executive Committee.

On the initiative of our Executive Secretary, Nathan I. Gruz, this committee was established and he urged consideration of two vital services to be made available to our membership.

First was the inauguration of a group pension service to make retirement plans available to our members at savings which would be comparable to those of large corporations. After interviewing a number of firms, the Hack Pension Service was recommended. The Executive Committee authorized this firm to solicit the membership. We believe it would be beneficial to all members to accept appointments with their representatives. Plans are available to individual members, both employer or employee, as well as pharmacists operating as corporations.

Second, We have inaugurated the M.Ph.A. Life Plan at very favorable rates. Mr. Robert I. Bischoff, the Plan Administrator, will be present throughout the convention to explain the savings and advantages to you of this life insurance plan.

Mr. Bischoff will briefly speak about the program at our Tuesday session.

These programs are not only valuable to individual members but also offer excellent assistance in attracting and keeping superior personnel for progressive employers of pharmacists.

These are examples of how the M.P.A. is alert to render maximum service and benefits to its members.

REPORT OF THE MEMBERSHIP COMMITTEE

Morris R. Yaffe, Chairman

The Membership Committee met in four full sessions during the 1963-64 season, plus several mid-night sessions under the auspices of my co-chairman, Milton A. Friedman. These midnight sessions were held in Baltimore for the purpose of assigning members of the committee to collect dues. My sincere gratitude to these men who spent countless hours in the service of your association.

To Milton Friedman, who has organized collection groups during his midnight sessions, many, many thanks. To our past president, Nelson Diener, who has served the Membership Committee for many years, and who has spent countless hours and has traveled countless miles within the city to collect dues, and has netted the association many members, new and old; he has earned the everlasting gratitude of the Chairman and I hope that the association will see fit in honoring this outstanding worker for his untiring, unselfish efforts to promote the goodwill among pharmacists in this state.

To Godfrey D. Kroopnick, many thanks to you for your many hours spent in the unending task of collection of dues and memberships. To all the members of this committee who attended meetings and worked to increase our membership in number and quailty, and helped to guide this committee in the great work it has done, many thanks to them. To the Secretary and his staff, without their efforts all this work would have been in vain.

Our primary effort this year was the fulfillment of our long sought change in the classification of memberships. At last we recognize that one licensed pharmacist is as able as another and must take upon himself the obligations connected therewith and become an **active** member of his state pharmaceutical association.

At this point we have been very successful in promoting last year's associate members to active members. Numerically we have to date converted 92 associate members to active status.

The comparative scale of membership of the year 1962-63 to 1963-64 is as follows:

	Active	Associate	Affiliate	Total
Convention 1963.......	555	325	21	901
Convention 1964..	709	42	33	784
	+154	—283	+12	—117

Numerically we have gained many more active members and lost the number of associate members which will be less due to the fact that a licensed pharmacist cannot be an associate member. Financially, however, we have done much better and by the year's end we will have picked up more of these associates as active members.

Our committee had recommended, and your Executive Committee passed, a change in dues for retired pharmacists, graduate students and new registrants just graduated from Pharmacy School to $10.00 per year.

To promote the payment of dues before Convention time, your committee had a drawing of all paid members as of April 1st for a free trip to the Convention, which was won by Mr. Joseph H. Edelstein of Silver Spring. We feel that this action stepped up the payment of dues.

Your Secretary traveled to the western part of the state and to the Eastern Shore to help revitalize the county pharmaceutical association in these areas, thereby increasing membership in the state association, and we are hopeful that in the near future affiliated membership with the county associations will boost the membership in the state association so that the Maryland Pharmaceutical Association will represent the majority of licensed pharmacists in the state.

The office has sent a series of letters to the pharmacists of the state urging them to support the association by joining and urging the owners to encourage their pharmacists to join by offering to facilitate the payment of their dues through a salary plan.

The efforts of a handful of members active on this committee were great—the results were gratifying. However, much more educational work must be done to make the licensed pharmacist realize his obligation to his state and county associations if he is interested in furthering his and our future in the community, state and country. We must enlist these men in our ranks in order to be heard. Each and every member must work toward the goal we have set for membership.

Again I would like to express my sincere thanks to my co-workers and the Secretary and his staff, without whom we would have no future.

FINANCE COMMITTEE REPORT

Gordon A. Mouat, Chairman

The activities of the Finance Committee began very soon after its appointment. Since the Association had been operating on a deficit budget the past several years, the primary charge to the Committee had been to increase the potential revenue.

It had been thought the budget could best be balanced by revising the dues structure which had been static for many years. With this thought, a joint meeting of the Finance and Membership Committees was held on September 5, 1963. The conclusions of this joint meeting were that all pharmacists should pay the same dues for active membership whether employee or employer; this was established as $25.00. Associate membership dues were raised from $5.00 to $10.00, but with all pharmacists removed from this category, the number of persons eligible for this type membership would be limited. Dues for affiliate members were to remain the same as previous, i.e., $25.00.

This revised dues plan was presented to the Executive Committee on September 12th, but, after much discussion, was referred back to the Finance Committee for additional study.

The Finance Committee met on November 26th, and, using the anticipated income that the new dues structure would yield, formulated a budget for 1964.

A copy of the information and figures with which the Finance Committee worker is made part of this report so that all members can visualize our problems.

The budget produced at this meeting was presented to the Executive Committee on December 12th, and approved. At this same time, the Finance Committee made several suggestions which have basically been carried out. Included in these were: (1) Purchase of new addressograph machine, (2) Bookkeeping to be more detailed, (3) Kelly Building Fund would not be increased this year, etc.

Some concluding remarks of your chairman at this time would be to call your attention to the fact that the Baltimore Metropolitan Pharmaceutical Association has increased its share of operational expenses from $5,000.00 to our Association and $1,000.00 to the Kelly Building Fund as in the past, to $7,000.00 to our Association. A deduction of about $400.00 would be taken from the $7,000.00

FINANCE COMMITTEE - BUDGET MARYLAND PHARMACEUTICAL ASSOCIATION - NOVEMBER 26, 1963

	1962 Estimated Budget	1962 Actual Disbursements	1963 Estimated Budget	1964 Estimated Budget
Office Expense	$4,000.00	$4,191.67	$5,000.00	$6,000.00
Salaries	18,000.00	18,202.87	19,000.00	19,000.00
Pension	3,000.00	1,500.00) 1,417.92)	3,000.00	3,000.00
Light, Power, H.W...	900.00	928.94	900.00	900.00
Taxes (Payroll)	550.00	696.41	800.00	800.00
Insurance	450.00	161.15	150.00	200.00
Legal	750.00	750.00	750.00	750.00
Audit	150.00	150.00	150.00	150.00
Miscellaneous:				
Legislative Comm.	1,750.00	80.27		1,750.00
Professional Rel.	250.00	151.92		250.00
Pharmacy Week Comm...	250.00	425.66		250.00
Fair Trade Comm........		845.94		
Office Equipment		491.31		
Simon Solomon Seminar		315.66		
Other Misc.	450.00	556.80	2,500.00	450.00
TOTAL	30,500.00	30,865.62	32,250.00	33,500.00

		1964 Estimated Income
Dues (Gross)		$19,500.00
(630 Prop. x 25-15,	750.	
(126 Emp. x25-	3,150.	
(60 Assoc. x10.	600.	
Convention		5,000.00
B.M.P.A.		7,000.00
Md. Pharmacist		2,000.00
		33,500.00

figure, since the payments received from Blue Cross for services have been taken from our receivables and credited to the B.M.P.A. who holds the contract. Dues have already passed the figure that had been planned. The profit from last year's convention exceeded predictions by 20%. The returns from the "Maryland Pharmacist" seem to be double that predicted but happen to be the transfer of two years' profit within one calendar year.

Disbursements for the year will approximate the prediction with some variations. Salaries will be higher because of some necessary increases and extra help, but this will be balanced by funds allocated to the Legislative Committee that were not utilized this year.

It has been my privilege to receive much help from my Committee, whose names are in the Proceedings Numbers of "The Maryland Pharmacist", as well as the Membership Committee and the office of our Association.

REPORT OF PUBLICATIONS COMMITTEE

B. Olive Cole, Chairman

The Maryland Pharmaceutical Association defines the functions of the Publications Committee as follows:

"To examine **The Maryland Pharmacist**, the official publication of the Maryland Pharmaceutical Association; to make editorial contributions; obtain advertisements and improve the publication generally."

The Proceedings Number includes the President's address, the reports of officers and chairmen of committees, advertisements and donations, together with lists of members of the Association, the TAMPA, and the pharmacists registered in Maryland by the Maryland Board of Pharmacy. This number contains the activities of the annual convention, and as a special issue is well-worth the effort, as it is a ready reference book of the many activities of the year.

Included in the December issue of **The Maryland Pharmacist** was an editorial tribute, an article on the life of service of Dr. John F. Wannenwetsch and resolutions on his passing by the Executive Committee of the Association.

The activities and interests of the Maryland Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association, the Alumni Association of the School of Pharmacy, the TAMPA and LAMPA are recorded in the monthly and annual numbers of the publication, as are also the presentations of the speakers of th R. L. Swain and Simon Solomon Pharmacy Seminars sponsored by the Association. Discussions concerning Medical Care Programs and New Pharmamy Laws are included in the different issues.

Dr. Benjamin F. Allen continues with the monthly scientific articles and Dr. Ralph F. Shangraw, an Associate Professor in the School of Pharmacy, has recently contributed two articles.

The Prince George - Montgomery County Pharmaceutical Association, the Allegany-Garrett Counties Pharmaceutical Association, the Eastern Shore Pharmaceutical Society and the Maryland Association of Hospital Pharmacists have contributed reports of activities of their special groups.

The Chairman of the Committee has prepared special historical articles for publications, including the following:

"Short History of The Henry B. Gilpin Company"
"Entrance Requirements and Curriculum for Schools of Pharmacy"
"History of Baltimore Veterans' Association, in collaboration with Herman L. Kling"
"Academic Days at the University of Maryland"
"Echoes concerning the work of Dr. Leo B. Lathroum"

New advertisements have been secured, others modified or extended, the income from which greatly assists the finances of the Association, and also enhances the prestige of the advertisers.

Solicitations are made for increased numbers of articles from the members of the Publication Committee and interested persons for publication in the regular monthly issues of **The Maryland Pharmacist.**

The present members of the Publication Committee are: Herman B. Drukman, Thomas J. Hayman, Aaron Kadish, Herman L. Kling, Samuel Morris, William W. Resser, Paul Resnik, Milton A. Sarubin, Frank J. Slama, Dennis B. Smith, and B. Olive Cole, Chairman.

REPORT OF THE CONSTITUTION & BY-LAWS COMMITTEE

Frank Block, Chairman

During the past year the Constitution & By-Laws Committee has made a number of recommendations which have been approved by the Executive Committee. These have been brought to the general membership at regular meetings of the Association.

At the annual meeting of the 1963 Convention, the Association approved amendments as follows:

1. requiring all pharmacist members to be ACTIVE members.
2. limiting ASSOCIATE membership to non-pharmacists.
3. providing for student memberships.
4. empowering the Executive Committee to establish dues for membership.
5. granting discretion to the Executive Committee as to allocation of dues to the Kelly Memorial Building Fund.

The Executive Committee also approved recommended amendments which were introduced at the Spring Regional Meeting on April 16, 1964, and mailed to each member. The amendments concern the following:

1. permitting the M.P.A. and local or specialized organizations to enter into voluntary agreements for "reciprocal membership".

2. Combining Baltimore City with District #2, the surrounding metropolitan counties.
3. increasing the representatives of each district to a maximum of eight.
4. providing for two Executive Committeemen-at-large.
5. requiring dues to be paid by Convention time in order to remain in good standing.
6. establishing the "Simon Solomon Pharmacy Economics Committee" as a permanent committee.
7. Changing the name of the Students Auxiliary to "Joint Student Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association"

We believe that with the profession of Pharmacy undergoing great and rapid changes, we must be alert to meet and anticipate these changes in order to maintain a strong representative professional organization for Pharmacy in Maryland.

These amendments will be acted upon on Thursday at the annual business meeting. Some of these amendments have been misconstrued either consciously or in error. I believe there have been some misrepresentations.

We believe these amendments are essential for a unified profession of Pharmacy in Maryland, where all pharmacists will assume their full responsibilities in both their local and state professional organizations.

REPORT OF THE SCHOOL OF PHARMACY

By Noel E. Foss, Dean

This report covers the fiscal year of the University of Maryland, namely, July 1, 1963 to July 1, 1964.

Enrollment

The enrollment at the beginning of the 1963-64 fiscal year was as follows:

Baltimore:	
Third Year	45
Fourth Year	26
Fifth Year	2
Total Undergraduates	73
Graduates	42
Total Enrolled in Baltimore	115
College Park:	
First Year	45
Second Year	41
Total Enrolled in College Park	86

The total number of veterans and war orphans enrolled the first semester in Baltimore was 4.

The number of undergraduate girls enrolled in Baltimore was 9 and at College Park, 12.

The total number of students graduated in June 1964, the first to complete the five year program, was 2.

Of the 45 first year pre-pharmacy students enrolled at College Park, 26 were from Baltimore City and Baltimore County, 1 from Carroll County, 1 from Harford County, 9 from Prince Georges - Montgomery County, 1 from Anne Arundel County, 2 from the Eastern Shore, 1 from Western Maryland, 2 from the District of Columbia, 1 from Alabama and 1 from New York.

Recruitment of Students

The Careers in Pharmacy Committee of the Alumni Association, under the able leadership of Mr. H. Nelson Warfield, continued its splendid work during this past year. Visits were made to Loyola High School, Towson, Taneytown High School, Taneytown, Catholic High School of Baltimore, Baltimore City College and Baltimore Polytechnic Institute (joint program), Duval High for a Careers Conference for five high schools in Prince Georges County and High Point High for Careers Night for high schools in Prince Georges County. In addition, Dr. Ralph Shangraw of the School of Pharmacy Faculty represented the University and participated in a Health Careers Conference for Baltimore County. On October 21, 1963, a Counselors Dinner was held at the Baltimore Union, co-sponsored by the Alumni Association, Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association. Members of the Careers Committee together with Dean Foss and members of the Faculty of the School of Pharmacy acted as hosts. There was good attendance and counselors from Baltimore City, Baltimore County, Anne Arundel, Harford and Howard Counties were present. Conducted tours of the School of Pharmacy followed the dinner.

Scholarships and Loans

The School of Pharmacy would again like to express its appreciation for the continued support of the donors of the respective scholarships, namely, Alumni Association of the School of Pharmacy, Greater University of Maryland Fund (College Park), Maryland Pharmaceutical Association, Noxzema Foundation, Read's Drug Stores Foundation, Inc., Prince Georges - Montgomery County Pharmaceutical Association, A. M. Lichtenstein Scholarship, American Foundation for Pharmaceutical Education and The H. B. Gilpin Company (through the Alumni Association).

The Alumni Association, the Maryland Pharmaceutical Association and the Read's Drug Stores Foundation, Inc., continued to offer scholarships to pre-professional Pharmacy students at College Park in an attempt to assist worthy students.

The University of Maryland continues to participate in the National Defense Education Loan Plan established by the Federal

Government for worthy students in need of financial aid. As in the past, students in the School of Pharmacy shared in these loan funds.

Honors and Awards

At the All University Honors Convocation held at College Park in November 1963, four students enrolled in the School of Pharmacy in Baltimore during the previous year were recipients of certificates indicating that they had earned a 3.5 grade point average (3=B; 4=A). One of these students had a 4.0 average. The parents of the students as well as friends were invited to the convocation.

Two fourth year students were initiated into the University of Maryland Chapter of Phi Kappa Phi, the purpose of which is the recognition and encouragement of superior scholarship in all branches of learning.

Three fourth year students were initiated into Rho Chi, the National Honorary Pharmaceutical Society.

Each year a national essay competition, known as the Lunsford Richardson Pharmacy Awards Program, is sponsored by Richardson-Merrell, Inc., and its pharmaceutical units, the William S. Merrell Co., National Drug Co., Walker Laboratories, and Vick Products. The objective of these awards is to encourage scientific and professional thinking on the part of students, both graduate and undergraduate, in the interest of furthering pharmacy as a cardinal member of the American Health Team.

In the graduate competition for the southeastern region, an Honorable Mention prize of $100 was shared by Mr. Chester Fox and Mr. M. David Richman, both enrolled in our school and both of whom have completed the requirements for the M.S. degree and are currently pursuing work leading to the Doctor of Philosophy degree with a major in Pharmacy.

Faculty

Dr. James Leslie, Ph.D., Queens University, Belfast, North Ireland, joined the staff as assistant professor of chemistry, effective September 1, 1963.

Dr. Peter P. Lamy, Ph.D., Philadelphia College of Pharmacy and Sciences, joined the staff as assistant professor of pharmacy, effective September 1, 1963.

Promotion in rank during the year included Dr. Norman J. Doorenbos to professor of chemistry, Dr. Ralph Shangraw to associate professor of pharmacy. Dr. Nicolas Zenker to associate professor of chemistry, Mr. Dean Leavitt to assistant professor of pharmacy administration and Mr. Louis Diamond to instructor in pharmacology.

We were very pleased to again have the services of Mr. Joseph S. Kaufman who offered an expanded course in pharmaceutical jurisprudence during the first and second semesters of 1963-64.

Working in various departments in the School of Pharmacy during 1963-64 were post-doctoral fellows from the Philippines, Argentina, Japan, Ireland and Iraq, as well as pre-doctoral fellows on grants supported by the Public Health Service, American Foundation for Pharmaceutical Education, Dunning Fellowship, Noxzema Fellowship, The Edwin D. and Arthur J. Stalfort Memorial Grant and National Science Foundation.

Graduate Program

The total enrollment in the graduate division in 1963-64 was 42 students. During the year, 4 students received the Master of Science degree and 2 the Doctor of Philosophy degree.

The graduate programs in Pharmaceutical Chemistry, in Pharmacy and in Anatomy and Physiology has continued to receive substantial aid from sources outside of the University.

Faculty Activities

Dean Noel E. Foss, Dr. F. M. Miller, Dr. Ralph Shangraw and Dr. C. T. Ichniowski attended meetings of the American Association of Colleges of Pharmacy and Teachers' Seminar at the University of North Carolina in July 1963.

Dr. Frank Slama attended meetings of the American Society of Pharmacognosy and meetings of the American Association of Colleges of Pharmacy and Teachers' Seminar at the University of North Carolina in July 1963.

Dr. Leslie Costello and Dr. Hiroshi Oya, attended meetings of the International Congress of Zoology in Washington, D. C. in August 1963.

Dr. Francis Miller, Dr. Norman Doorenbos, Dr. James Leslie and several graduate students attended meetings of the American Chemical Society in New York in August 1963.

Dr. Francis Miller attended the Annual Conference on Organic Chemistry sponsored by the National Academy of Sciences in Boston in October 1963.

Dean Noel E. Foss attended the dedication of the new pharmaceutical development and research laboratories at Squibb Institute in New Brunswick, New Jersey, in October 1963.

Dean Noel E. Foss represented the University of Maryland at the inauguration of President Osol of the Philadelphia College of Pharmacy and Sciences in November 1963.

Dean Foss, Dr. Slama, Dr. Ichniowski, Dr. Allen and Mr. Leavitt attended and participated in meetings of District #2, Boards and Colleges of Pharmacy in Atlantic City in October 1963.

Dr. Ralph Shangraw and several graduate students attended the Eastern Regional Meeting of Industrial Pharmacy Section of the A.Ph.A. in New York in November 1963.

Dean Foss attended the 1963 Remington Medal Dinner in honor of Dr. Glenn L. Jenkins held in New York in December 1963.

Dr. Nicolas Zenker, Class Advisor and Associate Professor of Chemistry, accompanied the students on their visit to Wyeth Laboratories in Pennsylvania.

Dr. Norman Doorenbos and several graduate students attended the meeting of the American Chemical Society in Philadelphia in April 1964, and presided over the Symposium on Heterocyclic Steroids.

Miss Lillian Darago attended meetings of the American Federation of Clinical Research in Atlantic City in May 1964.

Dr. Donald Shay attended meetings of the American Society for Microbiologists in Washington, D. C., in May 1964.

Dr. Norman Doorenbos attended the Sixth Annual National Industrial Pharmaceutical Research Conference on "Scientific Dosage from Design" in Land O'Lakes, Wisconsin, in June 1964.

Dr. Frank J. Slama attended the Annual Meeting of the American Society of Pharmacognosy at the University of Pittsburgh in June 1964.

A. A. C. P. Visiting Scientists Program

During 1963-64, the Visiting Scientists Program has been put in operation by the American Association of Colleges of Pharmacy, the purpose of which is to bring outstanding persons in the pharmaceutical sciences into closer contact with undergraduates and graduate students and faculty through lectures, seminars and conferences while visiting schools of pharmacy. The School of Pharmacy participated in this program by receiving at the school during the year the following visiting scientists:

1. Dr. Albert M. Mattocks (Ph.D., University of Maryland, 1945) presently Coordinator, Hospital Pharmacy Education and Research, University Hospital, Ann Arbor, Michigan.
2. Dr. Eino Nelson, Professor of Pharmaceutics and Medical Chemistry, State University of New York at Buffalo.
3. Dr. John Andrako, Professor of Pharmaceutical Chemistry, Medical College of Virginia, Richmond.

Dr. Norman Doorenbos, Professor of Pharmaceutical Chemistry, at the School of Pharmacy, participated as a visiting scientist, visiting the University of Missouri at Kansas City, the University of Mississippi at Oxford, the University of West Virginia at Morgantown, Howard University, Washington, D. C., the University of North Carolina at Chapel Hill, and the University of Florida at Gainesville. While at visits to the above schools, unofficial visits were made to the Mid-West Research Institute, Kansas City, and the University of Kansas, Lawrence, where Dr. Doorenbos delivered lectures.

Student Activities

Activities for 1963-64 were slightly curtailed because of the decrease in the number of students enrolled in Baltimore. However, it was possible to hold the Annual Picnic at Herring Run Park which was very well attended. A portion of the recreational facilities adjoining the Baltimore Union have been completed during the year thus permitting students to participate in tennis, handball, basketball and other sports.

During the year, students in the fourth year visited Wyeth, Inc., at Radnor and Great Valley, Pennsylvania and The Henry B. Gilpin Company in Baltimore.

On December 8th in the Baltimore Union, the Faculty and the Alumni Association of the School of Pharmacy held a tea for the students enrolled in the School of Pharmacy in Baltimore and their parents.

The Alumni - School of Pharmacy Joint Activities For Students

The Alumni Association sponsored the 17th Annual Frolic in November 1963 at the Sudbrook Junior High School and the Annual Alumni Dance in February 1964. All students and faculty were invited as guests of the Alumni Association. On June 6th, the Alumni held its annual meeting preceded by a buffet dinner at the Baltimore Union to which members of the graduating class and escorts were invited as guests of the Association.

During the past year, there has been established a Pharmacy Club on the College Park Campus of the University to maintain the interest of the students enrolled in the School of Pharmacy at College Park and to interest other students of the College Park Campus in the advantages of a Pharmaceutical career. The Alumni Association provided the funds for light refreshments served at one of the meetings of this club.

Student Government Alliance

The Student Government Alliance, under the able leadership of Mr. Richard Wynn and the other officers for 1963-64, had a very interesting year. The administration and faculty of the School of Pharmacy appreciate the cooperation received from the SGA during 1963-64.

Robert L. Swain Seminar

The School of Pharmacy was pleased to be able to participate in the Fourth Robert Lee Swain Seminar held in March 1964, and which has been or will be described to you by the Chairman of the Committee.

Five Year Program

On June 6th the first two students to complete the five year program were graduated at College Park. From the earlier enrollment data you will recall that the enrollment in these classes has increased substantially in the past several years. The program appears to be making excellent progress and we feel certain that the graduates completing this program will have a broader and more complete educational training. We hope that all of you will encourage qualified young men and women to pursue Pharmacy as a career, as we believe it has many excellent opportunities.

Conclusion

The School of Pharmacy, as well as I personally, wish to express our deepest thanks and appreciation for the excellent cooperation we have received this past year from Mr. Irving Cohen and the other members of the Committee on the School of Pharmacy: the officers of the MPA and BMPA, and especially the Executive Secretary, Mr. Nathan I. Gruz; the Officers of the Alumni Association for 1963-64 and especially the President, Mr. Milton Friedman, and the Secretary, Dr. Frank J. Slama; and the Maryland Board of Pharmacy, and particularly its Secretary, Mr. Francis S. Balassone. Without the cooperation and assistance of all of you, it would have been most difficult for the School of Pharmacy, as well as me personally, to have carried out our responsibilities and duties.

President Cooley recognized Mr. Joseph Cohen, Director of Professional Services for the National Association of Retail Druggists, and former Executive Secretary of the Maryland Pharmaceutical Association; Dr. Ralph Shangraw, Associate Professor of Pharmacy, and Dr. Peter Lamy, Assistant Professor of Pharmacy, University of Maryland School of Pharmacy.

The President presented First Vice-President Solomon Weiner. Mr. Weiner took the chair and called on President Cooley to deliver the Annual Presidential Address.

PRESIDENT'S ADDRESS

William A. Cooley

The past year, 1963-64, has been a full one for me as your president. We have fortunately been able to accomplish a number of beneficial activities although, of course, we are faced with many unfinished jobs.

One of the problems I dedicated myself to was the Medical Care Program. For several years we were unable to present the necessary facts to the State Health Department to support our contention that fees for prescriptions were entirely unfair. This year our Medical Care representatives were able to have the facts at hand to show that the Medical Care fees were entirely out of line with the reality of today's pharmacy's practices. Our secretary planned the proper questionnaire and arranged for the presentation of the statistics to prove that Medical Care fees were far below our regular fees. This resulted in the approval by the State Department of Health and State Board of Health of more reasonable fees. These were recommended to the State Budget Bureau.

I must say that our officers and representatives worked hard before and during the last session of the Legislature to get the approval of the Governor. Unfortunately the Governor and his Budget Director eliminated the funds necessary to grant us our long-justified increase.

We have already begun to work for an increase in the next budget and we will leave no stone unturned to fight hard for just fees. We may have to call on the entire membership for help, at which time I am sure I can count on you to do your part.

Although this was a defeat, I want to emphasize that convincing the State Health Department of the justice of our case was a great accomplishment. We now have their assistance for the next budget.

On the positive side, the Association has accomplished a great deal in strengthening our organizational foundations. After long study, the Constitution and By-Laws were revised. I am pleased that we now have all pharmacists in one class of membership—Active Membership. All pay one dues except for a few retired pharmacists, graduate students and first year registrants. The Membership Committee report is excellent, showing the highest total of Active members in the Association in its history. I have been pleasantly surprised at the large number of employee pharmacists who have chosen to become Active members in place of Associate members, which they were in former years.

Now all pharmacists, whatever their position or specialty, can work together as a team.

The Eastern Shore Pharmaceutical Society, which was reactivated last year, is progressing well. I attended their Fall Meeting and found a well organized group.

During the past year the last area of the state without a local pharmaceutical association was organized. This was our District #4, made up of Carroll, Frederick and Washington Counties. The pharmacists in the area formed the Tri-County Pharmaceutical Association and I believe it will serve the area well.

I was the guest of the Baltimore Metropolitan Pharmaceutical Association at its Installation Dinner Meeting. This is a very active group with many excellent programs. Many of its officers are active in the affairs of the state association.

I attended a meeting of Prince Georges - Montgomery County Pharmaceutical Association and found that this group also carries on an active program which assists its membership.

Of course, I have continued to be active in my local group, the Allegany-Garrett Pharmaceutical Association. We are having professional and economic problems in the area we never had before, but I believe if the men stick together we will have a chance to improve matters.

Working together with the Maryland Pharmaceutical Association, I believe our local groups can form the basis of a well organized and strongly supported state pharmaceutical association that can really have the necessary strength to help all the pharmacists in the state. I hope all will act to approve the amendment to our Constitution, which will allow the local groups to set up agreements with the M.P.A. for "reciprocal membership." The Eastern Shore Pharmaceutical Society has shown the way by making membership in the Maryland Pharmaceutical Association a requirement in its group. Let's have every man stand up and be counted in both his local group and his state society.

We now have well established two seminars for the education and information of all in Pharmacy in Maryland. In the fall we had the Second Simon Solomon Pharmacy Economics Seminar and in the spring we had the Fourth Swain Pharmacy Seminar. These were well planned with outstanding programs and speakers. We need more pharmacists to attend and take advantage of what is offered for their benefit.

Outside of Maryland I was able to attend the first Congress of Medicine and Pharmacy in Chicago. This was a chance for pharmacists and physicians to exchange views in a frank manner. I think the foundation was laid for better understanding so that we can help each other in mutual problems.

I also attended the Testimonial Dinner to Senator Humphrey in Washington and the Annual Meeting of the American College of Apothecaries. These gave a much broader view of our problems as well as information that helped me as president and in my own practice of Pharmacy.

A sad note was the loss of our long-time treasurer, Jack Wannenwetsch. He will be hard to replace and is greatly missed. He had worked hard in an unselfish way for the Association and everything fine in Pharmacy..

There are many great problems facing us in our state and nationally. We must present a united front to those attacking us. Our national organizations must find a way to work together and stop fighting publicly. Great thought has to be given to ideas regarding reclassification of drugs. We in Maryland must give all proposals careful consideration.

Our legislative program for 1965 is already being worked on and we hope to present some legislation which will be beneficial to our profession as well as the public health. Our legal counsel, working with our Legislative Steering Committee and our secretary, is preparing a program which we badly need at this time.

The Association devoted a great deal of work to the Quality Stabilization Bill. Many of you cooperated whenever called upon to contact our Congressmen in Washington. Evidently, there was not enough pressure from other groups and individuals, because the Senate Commerce Committee has voted to table the Bill. We cannot give up. We must do whatever possible to get this Bill moving again. When the time comes, I hope all of you will back our efforts.

A new project that is being developed now is a joint program of the Maryland Cancer Society and the Maryland Pharmaceutical Association. Details will be presented at this Convention about this campaign which will be launched throughout the state in September.

Pharmacy needs the interest and support of all pharmacists and our allied people in wholesaling and manufacturing. I want to thank the many of you who do all they can to help advance our profession. The Maryland Pharmaceutical Association is the organization which has brought about beneficial legislation, better professional relations with the other professions, improved public relations, representation before many government groups and many services by its office staff.

I have tried to devote all the time and effort possible to improve conditions for my profession during my term of office. This aim has been greatly helped by my fellow officers, committee chairmen and many members who have given freely of their time and energy. It would be impossible to mention them all but I would like to express my special appreciation to Victor H. Morgenroth, Jr., Dean Noel E. Foss, Morris R. Yaffe, Jerome Mask, Irving Cohen, Aaron M. Libowitz, Frank Block, Howard L. Gordy, all the wholesalers and last, but not least, our Secretary, Nathan I. Gruz, the office force and the officers and members of T.A.M.P.A. and L.A.M.P.A.

This past year has been a busy one, but it was a pleasure to have been able to serve. I will always be ready to contribute in any way I can to further the interests of the Maryland Pharmaceutical Association and the profession of Pharmacy which it serves so well

President Cooley was given a rising vote of thanks and upon acceptance of the address, Mr. Weiner returned the chair to Mr. Cooley.

President Cooley introduced Arthur A. Heenan, Jr., representing Mayor Joseph Altman, who brought greetings and welcome.

President Cooley called for the Executive Secretary's report.

REPORT OF EXECUTIVE SECRETARY

Nathan I. Gruz

We are living in a rapidly changing society. These changes affect us all in our personal lives and in the pursuit of our chosen calling in Pharmacy.

We can ignore these changes only at the peril of a free existence in our way of life and, in the context of the purposes of our meeting today, we can ignore these changes only at the peril of the loss of opportunity for the practice of a free profession in our society in our time.

I would like to rapidly review the programs and accomplishments of the past year, as well as some of the activities I have been involved in as your representative. Later I would like to come back to discuss briefly my overview of how our programs are relevant to the dynamic changes in Pharmacy and suggest some approaches for the future.

This is the fifth Convention of the Association in Atlantic City and the fourth at the Shelburne Hotel. You will find that Convention Chairman Weiner has done everything possible to assure all in attendance an outstanding Convention. Together with TAMPA President John Cornmesser and LAMPA President Ruth Levin, an unsurpassed entertainment program has been arranged.

Program

In planning our Convention programs, my approach has always been to face issues—no matter how complex, painful or controversial—squarely. It is my firm conviction that in accordance with our democratic tradition, we must evade no issue, but we must present both sides of problems to the membership. This has been followed again this year, as it has in the previous two years when the responsibility for programming devolved upon me.

John F. Wannenwetsch

This past year saw the loss of one of the bulwarks of Pharmacy in Maryland—John F. Wannenwetsch.

He had served as treasurer of the Maryland Pharmaceutical Association for a quarter of a century. No important activity in Pharmacy was untouched by his participation and generosity.

Seldom do we have combined in one individual such integrity, character, unselfishness and dedication to both his profession and his fellow man.

I deeply feel the loss of his wise counsel, loyalty and friendship.

All of us in Pharmacy are in his debt. He was one of the giants among men that we are fortunate in having among us from time to time for a little while. "Jack" Wannenwetsch will be a hard man to replace.

Medical Care

One of the problems which dominated our efforts during the past year was to attempt to resolve the matter of equitable compensation for pharmacists in providing pharmaceutical services under the Medical Care Program.

I found that we first had to revise the thinking of those involved in the decision-making process. We had, in effect, to revolutionize the thinking of those in authority who did not view the pharmacist's role as a professional one and who thought in terms of compensating the pharmacist by means of a percentage mark-up on a commodity. This unfortunately rested upon the approach which has prevailed among pharmacists in the past and is now being replaced by a more realistic and more professional system.

As a member of the Pharmacy Services Committee of the State Council on Medical Care, I insisted that the mark-up approach be discarded and that a fee system be used. For the first time in the pharmacists' attempts to obtain more realistic compensation, I documented our case. Data was collected and presented to indicate that the average compensation was less than the cost of filling a prescription. The average fee for medical care prescriptions was shown to be 50% of the fee received for regular prescriptions.

It was a great victory to achieve the support of the Pharmacy Services Committee, the State Council on Medical Care, the State Board of Health and Mental Hygiene. They included in the 1964-65 budget an increase of more than $200,000 to provide for a two fee system of $1.00 and $2.00, thereby increasing the average from 87c to $1.08. We communicated with the Governor and conferred repeatedly with his aides. Many of you responded by letters and telegrams. Unfortunately, the Governor and his Budget Director deleted the funds required for an increase.

We have already begun our campaign for 1965 and the State Council on Medical Care has again approved an increase. Again the attitude of the Governor will be decisive. No effort will be spared to achieve our goal for just professional fees.

Legislation

For the 1964 short term of the Legislature, we supported legislation which would specify more clearly the separation of a pharmacy from other businesses operated as one establishment. This proposal was not reported out during the legislative logjam of consideration of a tax bill.

Legislative proposals and the surveillance of all legislation proposed at the Legislature and Medical Care required many trips to Annapolis.

There have been a continuing series of meetings with our Legal Counsel, our Legislative Committee and our Legislative Steering Committee.

For 1965, proposals are being drafted in the areas of more clearly defining what a "pharmacy" is, what the "practice of pharmacy" is and conferring upon the Board of Pharmacy the right to appeal judicial decisions.

Regional Meetings

The Fall and Spring Regional meetings are being utilized effectively to provide for discussion of vital current issues. This past year, the subjects were "Pharmacist Employer-Employee Relations" and "Hospital and Community Pharmacy". These programs pointed up areas requiring the careful attention of all pharmacists. The Association will continue its leadership in achieving progress in these complex matters.

Organization

This year we were able to complete the organization of local pharmaceutical associations in all areas of the State. The last group established was the Tri-County Pharmaceutical Association for Frederick, Washington and Carroll Counties.

This followed the reactivation last year of the Eastern Shore Pharmaceutical Society. This Society has pioneered the way for the effective organization of Pharmacy in Maryland by requiring membership in the Maryland Pharmaceutical Association in order to be eligible.

At this Convention, an amendment will be considered to establish machinery for the voluntary agreement between the M.P.A. and other organizations for "reciprocal" membership. If this is adopted, we hope that all our local organizations and perhaps, also, the Maryland Association of Hospital Pharmacists, will consider entering into such an agreement.

Such relations will build a unified profession of Pharmacy in Maryland, without interfering with the internal affairs or autonomy of any other group.

This step is mandatory if we are going to achieve the full support of every pharmacist in the state. The time for intrigue, petty jealousies, personality conflicts and imagined threats to the welfare of any element in Pharmacy must come to an end.

I believe all professionally mature pharmacists will welcome this opportunity to separate the destructive critics; the partisans of special interests; the promoters of personal ambitions; the seekers of glory; the manipulators of cliques; those hungry for power and the free-loaders, from those who willingly accept their professional responsibilities.

Pharmacy strong professionally will be Pharmacy that secures the status that will achieve Pharmacy strong economically.

Association Services

The Association continues its concern with being of maximum service to the members. To the existing Group Health and Accident Insurance, Major Medical Plan and Blue Cross, we have during the past year added Group Life Insurance and a Pension Planning Service. These plans represent not only savings to those enrolled, but offer valuable means to attract and retain the superior type of key personnel who are essential to the success of any enterprise.

In addition, the Association employment service continues to be called upon almost daily, by both employers and employee pharmacists. We have been able to make placements in most cases.

Membership and Dues

This year, one category of membership for all pharmacists, regardless of status, was established. Except for retired pharmacists, graduate students and first year registrants, there is now only one dues fee. As a result of an intensive drive, we were able to hear the glad tidings of our Membership Committee Chairman, Morris Yaffe.

Yes, we have the greatest enrollment of **active** members, not only at Convention time, but in Association history—709—and the largest increase in a twelve-month period—162 **active** members.

It is our intention, that working with our fine local organizations, we can make even greater gains in the coming year, so that we move ahead toward our goal of every pharmacist a member of his **local** and state pharmaceutical associations.

Quality Stabilization

The Association has devoted a great deal of time and effort toward the favorable consideration of the Quality Stabilization Bill. We contacted our Senators and Congressmen repeatedly, and visited with them at home and in Washington. Our part has been recognized by commendation from the N.A.R.D. and the Quality Brands Associates.

You have received a full report at the Convention from our Fair Trade Committee Chairman, Simon Solomon. We had both victory and defeat during the past year. The future will depend on the strategy of our national organization, upon the attitude of manufacturers in enforcement and upon the support all retailers give those manufacturers who sincerely and conscientiously enforce their Fair Trade contracts.

Public Relations and Public Education

Arrangements have been made for the participation of pharmacists in a massive saturation public education campaign on a scale which has not been tried before.

Today you will hear the details of a proposed twelve-month campaign as a joint effort of the Maryland Pharmaceutical Association and the Maryland Division of the American Cancer Society.

This is a unique public health project which will benefit the public, and will identify pharmacists with the efforts of the community in eradicating a leading cause of death.

Joint Student Branch

We have long recognized that the embryo pharmacists at the University of Maryland School of Pharmacy are one of the vital keys to the future and to the advancement of Pharmacy.

The need for developing close liaison between students and practitioners of pharmacy is mandatory if we are to have a continuous influx of young men and women who will understand the necessity for participating in their state professional society.

After many years of effort, we have succeeded in establishing a Joint Student Branch of the American Pharmaceutical Association and the Maryland Pharmaceutical Association at the University of Maryland School of Pharmacy.

I am pleased to announce that the new Joint Student Branch has 100% membership. Perhaps this will set the trend for the future.

During the coming year, our representatives will meet with the students in planning future programs.

Education

The Association has been providing minimal opportunities for continuing education through two seminars: the Robert L. Swain Pharmacy Seminar and the Simon Solomon Economics Seminar.

Together with the University of Maryland School of Pharmacy, we must make available opportunities for continuing education in both scope and depth to the relatively few who wil demand and utilize meaningful continuing education.

Those who will take advantage of such education will be pioneers in the vanguard of the profession. They will be the few who will sacrifice time and effort. Perhaps it will be necessary to bring some programs and courses to various parts of the state.

As both a stimulus and a form of recognition to those who are dedicated to their profession, I have proposed the establishment under Association auspices of a Maryland Academy of Pharmacy. Members of the Association, through participation and attendance at seminars, meetings, and conventions, would be eligible by attaining a certain number of points. Identification by means such as a certificate or plaque, could become a sought for symbol by pharmacists, the auxiliary health professions and the general public.

A.Ph.A. - N.A.R.D. Relations

As long as I can remember, a deplorable and tragic situation has existed in the relations between our two major pharmaceutical associations in which pharmacists are members.

On June 25, 1962, in my first report as your Executive Secretary, I stated the following—and I do not believe I can improve on this expression of my views.

I only regret it is necessary to again comment on this existing situation, which reflects immaturity of organizational development, immaturity of individuals and, therefore, immaturity of professional development.

Here is what I said in 1962—"When we approach the national pharmaceutical scene, one dominant feature must be recognized. Over the years, many of the aspirations of pharmacists to achieve their urgently needed professional and economic goals, as well as to secure a properly recognized role in shaping policies regarding the provision of medicinal agents, has been the absence of a national front for pharmacy. For the defensive and offensive needs of the country, we have a Joint Chiefs of Staff under a secretary of Defense. Pharmacy is engaged in a total war. The pharmaceutical situation also demands a unified command. As long as rivalry continues between our two national groups, we will continue to be divided and, therefore, to be defeated. Whatever courageous steps must be taken to achieve cooperation and harmony between our two essential national groups—the A.Ph.A. and N.A.R.D.—must be taken. No personality differences, no individual ambitions, no organizational competitiveness can any longer be allowed to stand in the way. Pharmacy's resources of experienced and competent leadership, intelligent and dedicated members, and financial wherewithal are too valuable to be used except in an integrated, unified manner. Our peril is too great, our enemies too strong, our forces too fragmented to permit continuation of this increasingly disastrous internecine warfare which stands in pharmacy's path of progress".

Association Policy

I want to emphasize that the Maryland Pharmaceutical Association has always been dedicated to maintaining friendly and appropriate relations with all local, state, and national organizations.

The important issues in life are always controversial and the Association, in order to serve its purposes and be of value to its members, must become involved in any issue that affects Pharmacy.

I deplore any attempt by individuals or any group in the state, to agitate and create disharmony by going off on tangents, rather than bringing a particular issue to our officers and Executive Committee first. After all, every area of the state has representatives on the Executive Committee who are active in their local groups and can carry the varying viewpoint or alleged grievance to the M.P.A.

It certainly is not in the service of harmony, or in the service of the true best interest of the profession of Pharmacy, to pass resolutions implying dissension (and in this case dissension does not exist) putting it in a local publication and disseminating it not only all over the state, but to national organizations as well.

This kind of activity is, at the least, irresponsible and can be destructive.

Imperatives

Some of the imperatives to which we must give our best thought and efforts in the months and years ahead.

1. It is imperative that all pharmaceutical services, whether private or governmental, be under the professional supervision and control of pharmacists.
2. It is imperative that legislation be enacted to assure distribution of all potent medication under the professional control of pharmacists.
3. It is imperative that Pharmacy in Maryland be unified through membership agreements between the state and local associations, with an all out effort for enrollment of all pharmacists.
4. It is imperative that legislation be enacted to properly define the "practice of pharmacy" and what "a pharmacy" is. We must also more adequately control irresponsible advertisements concerning the practice of Pharmacy.

We have laid the foundations during the past year. The willingness to build a strong profession has been demonstrated.

We now must continue to move constantly, persistently, and without deviation, toward the goals we have set.

Personal Activities

As your Executive Secretary, I have attended many meetings of our local pharmaceutical organizations, as well as those of T.A.M.P.A. and the Alumni Association of the University of Maryland School of Pharmacy.

I attended the convention of the American Pharmaceutical Association and the N.A.R.D. In conjunction with them, I attended meetings of the National Conference of State Pharmaceutical Association Secretaries, of which I was appointed Secretary in February of this year. In addition, I attended a conference of Pharmaceutical Journal Editors.

I continue as Secretary of the very active Baltimore Metropolitan Pharmaceutical Association and as a Regional Director of the Metropolitan Pharmaceutical Association Secretaries.

I was also the representative of the State Secretaries at a conference in Washington called by the N.A.R.D. on the Reclassification of Drugs. This was an ill advised meeting and a complete waste of time as the only groups invited who presented a viewpoint were the state and metropolitan secretaries. The Proprietary Association merely reiterated its usual opposition to legislation that would protect the public health by requiring the distribution of drugs only by pharmacists or through pharmacies.

Some other meetings and events were the Eastern Pharmaceutical Secretaries Council; the Senator Humphrey Testimonial Dinner; and the High School Counselors Dinner.

Among the groups I addressed were: The Potomac Pharmaceutical Association, A.Z.O. Ladies Auxiliary and the Pharmacy Students Assembly.

I serve as judge for pharmacy exhibits at the National Science Fair and continue as a member of the Governor's Commission on Drugs and Narcotics.

A most satifying activity has been participating on several occasions in live radio broadcasts by presenting the contributions of community pharmacists to the health of our citizens.

President Cooley

It has been my great pleasure to work with a devoted president —Bill Cooley. I want to thank him for his cooperation and dedication. He never failed to extend himself in the discharge of his responsibilities. I can assure you, it is no easy task to drive back and forth from Cumberland in all kinds of weather. Our thanks should also go to his understanding wife, Phyllis, who almost always accompanied Bill, and I suppose made it possible for our president to have an excellent attendance record at our various events.

My appreciation is extended also to many persons and groups, whose participation and assistance make our very active association program possible.

This includes the officers and members of the Executive Committee, the School of Pharmacy, the Board of Pharmacy, TAMPA, LAMPA, our very good friends among our suppliers and manufacturers, and my loyal office staff.

If I single out but two persons, I hope you will forgive me. From your ranks there is one man who still devotes all of his time in his pharmacy and out of his pharmacy to the cause of pharmacy—Simon Solomon. Some day the story of his unsurpassed devotion to his profession must be told.

The other person is from my personal "ranks"—my patient wife. She deserves a word of appreciation for her role as an understanding wife during the frequent times when Association activities demanded complete monopoly of my time.

And finally, my profound gratitude to the rank and file of our membership whose support and response to your demands and mine have made it possible to proclaim this past year as a year of achievement.

Thank you.

The Secretary's report was received with acclamation and accepted.

Following a recess for refreshments and prize drawings, President Cooley introduced Mr. R. Gordon Hoy, District Supervisor of the A. H. Robins Company, Inc. Mr. Hoy presented the First Bowl of Hygeia Award for community service in Pharmacy to Mr. Simon Solomon.

Mr. Solomon responded with an expression of his deep appreciation for the honor bestowed upon him.

President Cooley introduced Mr. Charles Spigelmire, who in turn introduced Mr. Edward F. Tormay, Executive Director of the Maryland Division of the American Cancer Society.

Mr. Tormay outlined the new, year long public education program to be sponsored jointly by the Maryland Division of The American Cancer Society and The Maryland Pharmaceutical Association beginning this September. He pointed out that this was the first 12 months cooperative program in the country between the American Cancer Society and a state pharmaceutical association.

Mr. Spigelmire then introduced Mr. F. Eugene Donnelly, Director of Public Information for the Maryland Division of the American Cancer Society.

CANCER EDUCATIONAL PROGRAM

F. Eugene Donnelly

The Maryland Division, American Cancer Society and the Maryland Pharmaceutical Association have planned a joint educational program for the citizens of Maryland on a state-wide basis

The purpose of the American Cancer Society's educational effort is to save lives; to bring the facts about cancer to every citizen in Maryland; to motivate them to accept a personal responsibility for their health and to make the annual check-up a habit for life. It is estimated that 4.800 Marylanders will die of cancer in 1964; through a state-wide program of public education it is possible to save in excess of 1,200 Maryland lives this year. This program is offered with this objective.

The program will be inaugurated early in September with newspaper articles, radio spots and a TV panel discussion. This panel will consist of a pharmacist, a physican, a Maryland Division, American Cancer Society Board Member and the Chairman of the Public Education Committee of the Maryland Pharmaceutical Association

The year around program will be divided into six sections, each section covering a two month period.

SEPTEMBER AND OCTOBER

Especially designed pamphlet will be used during this period both for counter dispersement and insertion in customers' bags. It will include the names of both organizations and will state the purpose of the total program. It will feature the role of the pharmacist in cancer control and the seven danger signals of cancer will be included.

NOVEMBER AND DECEMBER

The emphasis during this period will be on cancer of the breast. The pamphlet to be given out is "Personal Memo", which teaches women the technique of breast self-examination. The pharmacist could urge women to see the film "Breast Self-Examination". The Auxiliary of the Maryland Pharmaceutical Association should be active in scheduling film showings.

JANUARY AND FEBRUARY

The emphasis will be on the pharmacist as guardian of the health of his community. The theme of the pamphlets to be distributed during this period will be on the dangers of quackery and home remedies.

MARCH AND APRIL

Emphasis on TV, radio and press during this period. The pamphlet to be used will be "Where Can You Turn?" and the pharmacist could suggest complete yearly physical check-ups for all customers. He might also recommend support and participation in the Cancer Crusade in his community.

MAY AND JUNE

The emphasis will be on uterine cancer and the pap smear test. The pharmacist could urge all women customers to have yearly pelvic examinations including the pap test and suggest showings of the film "Time and Two Women". The pamphlets used during this period will be "If You Only Knew" and "Cancer Facts for Women."

JULY AND AUGUST

This period will feature the seven danger signals of cancer with posters in the windows and on counters, if possible. The pamphlet to be inserted in bags and over the counters will be "Guard Those You Love".

Obligations and Responsibilities

It has been agreed that the Maryland Pharmaceutical Association will send out a newsletter to all pharmacies in the State of Maryland explaining the program and urging their active participation. For the convenience of the pharmacist a self-addressed card will be enclosed on which they can indicate their interest and the estimated amount of material they will need.

The Maryland Pharmaceutical Association will furnish the Maryland Division with a list of all pharmacies located within Maryland, with their addresses and the names of the pharmacists in charge.

The Maryland Pharmaceutical Association has pledged the active support of their formal organizations on the Eastern Shore, Southern Maryland, Western Maryland and Montgomery and Prince George's Counties.

The Maryland Division will furnish all educational pamphlets, posters and emblems needed for the year-round program.

The Maryland Division will accept the responsibility for delivery of all materials at the six stated intervals to all participating pharmacies. This assignment will be carried out by volunteers.

The Division will be responsible for keeping the media informed as the program progresses.

President Cooley introduced Mr. Robert I. Bischoff, Administrator of the Maryland Life Insurance Plan.

He described the plan, benefits to individual subscribers and also the benefits to be derived by the Association.

PANEL PRESENTATION

"PHARMACISTS BROADEN THEIR SIGHTS—NEW PROFESSIONAL SERVICES"

President Cooley introduced the moderator of the panel, Dr. Peter Lamy, Assistant Professor of Pharmacy, University of Maryland School of Pharmacy, as follows: "Dr. Lamy, a graduate of the Philadelphia College of Pharmacy and Science, joined the faculty of the University of Maryland School of Pharmacy as an Assistant Professor in September 1963. A native of Germany, Dr. Lamy taught at the Philadelphia College of Pharmacy and Science beginning in 1956, while studying for his M.S. and Ph.D. degrees. During this time he was also instructor of Pharmacology at the Women's Hospital at Philadelphia and was assistant to the director of pharmacy service.

"He has also been active in community pharmacy and industrial pharmacy, Dr. Lamy, author of several articles, is a member of the A.Ph.A., the American Society of Hospital Pharmacists, the American Association for the Advancement of Science and Rho Chi. At the U. of M. Dr. Lamy will commence instruction in the new Robert L. Swain Model Pharmacy in September."

The moderator, Dr. Peter Lamy, started the program with the following introduction:

"In almost every phase of commercial activity, companies are now entering new fields, often forced to it by changing conditions. Pharmacy, too, is faced with changing conditions. Every community pharmacist is aware of these—as represented by union pharmacies, supermarket and department store pharmacies, discount houses, mail order prescriptions and others. And the pharmacist has searched for answers. Advice has been plentiful. He has been told to handle greeting cards, cameras, cosmetics. He has been advised to manufacture his own items, sell them under his own label. And finally, he has been told that there are just too many pharmacists. Obviously, all this has been tried and, overall, with not too much success. The question then arises—what can the community pharmacist do? How can he expand his services and into what field?

Does he have time to expand? After all, there were about 180 new therapeutic items marketed in the first half of 1964, or roughly one per day. If the pharmacist is to pursue his traditional role in dispensing prescriptions and keeping up with the multitude of new items—can he afford to expand?

We might, in trying to answer these questions, look to the seagulls. Many of you, no doubt, walked along the boardwalk. Have you noticed the seagulls—how they face the wind when they are resting on the beach? Of course, they do—it keeps their feathers in perfect condition—they face their troubles unruffled.

So should we. One answer to the pharmacist's current dilemma is for him to concentrate his efforts on those products which, through his professional background, he is equipped to sell. After all, he has had a good training in anatomy and physiology. He is the integral link between physician and patient. This should enable him to enter the field of health-related products, enter a field of untapped resources for professional service.

Apparently, this is also a field that promises a good reward for those that want to enter it—one need only look at Sears Roebuck or Montgomery Ward which have already become active in this field—and yes, even Hertz, in the Chicago area.

I believe this is a field that the pharmacist can rightfully claim as his own. The market is there. There are seventeen million people over the age of 65, many of these needing surgical appliances. It is estimated that there are six million Americans, hard of hearing. Patients with polio, muscular dystrophy, cerebral palsy—they all need help—not to speak of the thousands of victims of automobile accidents.

And—an important point to remember—many customers for surgical supplies, convalescent aids, hearing aids, are, of necessity, lifetime users. They will, therefore, become lifetime customers if the pharmacist extends a warm professional and personal interest in the patient.

Health-related products have been discussed recently in detail by the American College of Apothecaries, by the **American Journal of Pharmacy**, by the **Apothecary**, and by the **American Professional Pharmacist.**

We are fortunate to have with us today four eminently qualified persons to discuss these products."

The panel presentation "Pharmacists Broaden Their Sights—New Professional Services", consisted of:

Homer Higgs, President, Homer Higgs Associates, Inc., New York, "Convalescent Aids".

James R. Bain, District Sales Manager, Bauer & Black, "Opportunities in Elastic Health Supports".

Robert A. Kubicek, Manager of International Marketing, Zenith Hearing Aid Sales Corp., "Hearing Aids As A Pharmacy Service".

Donald O. Fedder, Fedder's Pharmacy, Baltimore, "Your Pharmacy as a Headquarters for Medical Equipment and Supplies".

CONVALESCENT AIDS

Homer Higgs, President, Homer Higgs Associates, Inc., New York

The increase in the life span of our people during the past fifty years has been so phenomenal as to seem almost incredulous, if statistics did not prove otherwise. It is truly amazing what the medical profession, working with the pharmaceutical people, have accomplished in combating disease, in making us a healthier people. The end is nowhere in sight. Every day things are being accomplished in the laboratory, classrooms, clinics and the hospitals, the results of which will be divulged as fast as new remedies have been tried and accepted.

Despite the increased longevity of our people there are, however, serious problems that confront us. There is an increasing portion of our population, senior citizens, who are 65 of age or over and who have physical impairments. Some are hosiptalized and receive the benefits of hospital treatment but many thousands of physically impaired people must recuperate at home because of a shortage of hospital beds and conditions that require at-home care. Most of these people require the use of some sort of Convalescent Aid to make them well or comfortable.

The demand for Convalescent Aids and services has increased very substantially during the past twenty years and statistics show that these services have been growing at the rate of about 20 percent annually.

In order to present this story briefly to the professional pharmacist and the service wholesale druggist, we have prepared a film strip presentation which I shall have run off now, with your indulgence. I believe you will find it both interesting and informative.

I am grateful to the Maryland Pharmaceutical Association for inviting me to participate in your meeting this morning. I hope in this short discussion to have aroused enough interest and enthusiasm in Convalescent Aids for you to want to explore the subject further in relation to your own business. In the final analysis we should keep in mind that no one can better serve the community with these products, than the professional pharmacist.

WIDENING HORIZONS OF ELASTIC HEALTH SUPPORTS

James R. Bain, District Sales Manager, Bauer & Black

You have an opportunity in elastic health supports. This opportunity exists now and even more so in the future, particularly in elastic stockings.

Here is reason No. 1 why this is an expanding opportunity for you. There are more people as evidenced by the increase of 9.5% from 1959 to 1965, in the age group up to 54 and 13% in the same period in the age group of 55 years and older. This growth will continue as the 54 and under group rises to a 29% increase from 1959 to 1975 and 35% in the 55 and over category.

As you can see, the total population is increasing and the right kind of people; the senior citizens, are increasing in numbers even faster than the general population with enough money to buy needed elastic supports, thanks to greater prosperity, social security, retirement income, etc.

The combination results in a chart that combines the total population growth, the faster growth of senior citizens and a growth picture of elastic supports which is pleasant to contemplate.

Reason No. 2 is that yours is a proper kind of business in which there is a tight triangle consisting of you, the doctor and your customers. This is exactly the climate in which elastic health supports do best.

These reasons indicate that your opportunity in elastic health supports is a good one and will be even better. Thanks to the miracle of modern medicine, antibiotics keep the patient alive longer; elastic health supports help keep them together.

This is also a growing business because of new products and new raw materials like Spandex, Velcro fasteners and many others.

There are more exciting reasons for you to feature this merchandise:

1. They provide high unit sales. The average unit sales in a drug store, according to **Drug Topics**, is approximately 55c. The average unit sale of elastic health supports is $3.32.
2. Elastic health supports provide high gross profits. Again referring to Drug Topics, the average gross profit in drug stores is 35.4%, whereas the average gross profit on elastic health supports is over 40%.

   You have often heard the statement to the effect that gross profit ratio is not important, that it could be very low, just as long as the turnover is high enough. This is only partially true. Let me cite you an example:

   Take a product which provides 33% gross profit. Let us say that this product turns over six times a year, which is a good turnover by most standards. If the product occupies one square foot per dozen and retails for $1.00, your gross profit per year will be only $31.20. Now, if you take elastic stockings, which provide a minimum of 40% gross profit and assume that they will only turn once a year, displaying 8 pairs in a comparable square foot at an average unit price of $13.95, your comparable profit for this square foot of space will be $43.44 instead of $31.20. If the turnover is twice in a year, the gross profit will be $86.88 as opposed to $31.20.

The important point is the number of dollars going through your cash register. Even wth lower turnover, a product which fits naturally in your store operation can provide more dollars of gross profit with lower turnover than some of the fast movers.

3. Elastic health supports is a professional line which enhances the professional reputation of your pharmacy and, at the same time, is less competitive because these products are not sold in as many outlets as other drug store items.
4. This product group is a big market. According to **Drug Topics**, elastic health supports amount to $66,000,000 a year. Nose sprays and inhalants amount to $48,000,000. External antiseptics amount to $50,000,000. Home health rubber products amount to $46,000,000 and after shave lotions $52,000,000.
5. In selling elastic health supports, you have the value of repeaters. To be specific for a moment, the average wearer of elastic stocking; this is average mind you, continues to wear them for 23 years. Assuming a minimum purchase of two pairs a year, this means that this one person will be purchasing at least 46 pairs during the time that she is using them and this amounts to about $687.00.
   Since this is an average figure, many buy more than two pairs a year and wear them for more than 23 years.
6. Elastic health supports respond to promotion. Time after time, 200%, 300%, 400% and even 500% increases are registered when these products are merchandised by the retail pharmacist. As you can see, elastic health supports spell out opportunity—opportunity for you.

What do we mean when we refer to elastic health supports?

Elastic health supports mean products which are sold principally to men, such as athletic supporters, supporter belts and suspensories and men's elastic stockings and support stocking for tired legs, such as the new FLING stockings and third, products which are used by both men and women, such as anklets, kneecaps, wristlets, abdominal belts, sacro belts, elastic bandages and the like.

What's new in elastic health supports and elastic stockings?

Perhaps the biggest news in elastic health supports, is the increased usage of leg compression for reducing the feeling of tired legs, particularly when the man or woman is on his feet a lot. Actually, there is a great deal of confusion in the minds of the consumer, and the doctor about the proper stockings to use for different purposes. For more than 30 years Bauer & Black has sold a two-way stretch elastic stocking for leg disorders and during the course of these years we have seen a trend from rather heavy weight stockings, to sheerer, full foot, 51 gauge, as well as sheer seamless construction styles. The seamless construction has become quite popular. Whereas formerly almost all stockings were open toe, the shift to sheerer stockings has made the closed foot more popular and practical since over hose are not necessary to get the bare leg look wanted. B & B elastic stockings provide the proper therapeutic compression to relieve pressure and pain caused by leg disorders.

Two yeears ago, we introduced FLING, a support stocking made with Spandex for tired legs. This is a unique, patented construction in which the ingredient, Spandex, is knitted in the stocking like so many rubber bands providing the necessary support. The stocking is seamless, and as sheer as regular seamless hosiery. These stockings are designed to provide support for tired legs and are not to be confused with the leg disorder stockings that I referred to previously. These stockings, as compared to those for leg disorders, are many times self-prescribed, but they also can be prescribed for easing pain, relieving tired legs where no specific leg disorder exists.

Leg disorder stockings should be used for varicose veins, lymphstasis, phlebitis and other such specific ailments. A product like Fling should be used for tired or painful legs, when no other complications exist and as prevention during pregnancy where, again, no specific leg problem exists .

We are endeavoring to take the confusion out of the leg compression field. Here is an ad, which is being used to educate the doctors on full support elastic stockings. Here is a doctor booklet that we have prepared on this same subject. We found that the literature on elastic stockings is scattered everywhere so that it is very difficult for the doctors to find.

We have brought this material together in this book covering the history, reasons why leg disorders develop, factors which speed their development, why regular elastic stockings should be used. It also answers specific questions you or the patient may have, such as: when they should be put on, how they should be put on, how they should fit, cost, etc. You can obtain these books for your doctor friends, as well as for yourself and your sales people, by asking one of our salesman.

Let's look for a bit at how to promote elastic health supports.

First, the best advice that I can give you is to feature a well known quality brand of merchandise—one that enjoys the greatest consumer acceptance. Don't try to swim upstream in trying to choose a brand on which to devote your efforts. It is much easier and profitable to swim downstream.

Second, take a great interest in your ccstomers and in elastic health supports. The rewards are great and they tie directly into your unique retail positions as an apothecary, or ethical prescription store.

Advertising is a very sound way in which to expand this business for you. Advertising mats are available to help you prepare these advertisements and are free for the asking.

Use your windows and other display areas, you have built-in readership just the same as if you owned a newspaper and were selling space in it. Materials to place in these windows are available free.

The doctors in your neighborhood can be your best—and most profitable—friend. Invite him to your elastic health support department. Many of the elastic health supports are used initially because the doctor told the patient to do so. Here, again, you are in the best possible position to capitalize on this advantage.

Not only is literature available, but you have your own doctor detailing advantage. Our salesmen do selective doctor detailing and we have 8 registered nurses who have as one of their main functions the detailing of doctors on elastic supports.

Our local salesman, as well as the 8 consultants will call on these key doctors for you to help build your business on elastic supports.

Well trained sales personnel is important. Here, too not only our salesmen, but our consultants who are all especially trained, will be a big help to you. Request this service of our men. They will be pleased to provide it.

For proper business management, it is necessary to maintain proper inventory control. There should be no need to carry excess stocks, but you should maintain enough inventory so that most sales can be made without ordering from a distributor on a rush basis. One of the factors that distinguishes you from other outlets for elastic supports is the ability to take care of needs right from stock.

Many pharmacies maintain a card record by customer name, product bought, size and special information. This is a tremendous advantage in building repeat business and is a convenience to both you and your consumers. It also helps in reordering these high profit, high unit sale items. Time is a great ally in building this business. The longer you work it well, the greater will be your business and the harder it will be for someone to take it from you.

Lastly, you should establish a permanent department in your store. We have a display unit available in a 2' and a 3' width and is designed especially for this line.

By using these units, you can devote as much space to Elastic Health Supports as you desire.

In conclusion, to get into this business or to improve your performance, you will want to work with your manufacturers' salesmen and do many of the things I discussed today to improve your business. If you do so, I promise you will have a store where your customers will help you build your elastic stocking and health supports business so that you will have many happy, profit making and repeating customers going through your doors throughout the year.

NEW PROFESSIONAL SERVICES

Broadening the Sights of the Pharmacists Through the Sale of Hearing Aids

Robert C. Stuart, Vice President,
Zenith Hearing Aid Sales Corp.
Delivered by Robert A. Kubicek

As one whose family makes good use of your professional services in my own community of Highland Park, Illinois, I want to say I really feel at home sitting and talking with you today.

Needless to say it was a very pleasant surprise to open the mail one day and receive a letter from your Executive Secretary Nathan Gruz, and an invitation to come to Atlantic City to participate in your 82nd annual convention.

While I have spent my lifetime in sales, distribution, advertising, rehabilitation and marketing in general, with little or no experience in the pharmaceutical profession, I can draw on some firsthand experiences with my company—Zenith Radio Corporation —that may be of help to you as we approach the challenging question: Are We Broadening Our Sights—Can We Offer New Professional Services?

And even though our company has a number of pharmacists actively engaged in the selection, adjustment and sale of Zenith hearing aids, I cannot give you a Yes or No answer without first throwing out to you certain questions that can best be answered by yourself.

Only recently the editors of the American Pharmaceutical Association Magazine interviewed me on this same subject—"should pharmacists broaden their professional services by adding hearing aids.?"

A few days after the published article appeared I began receiving letters from pharmacists throughout America, all seeking answers to special questions they had on this subject. I must say it kept our staff busy by answering all these letters, and it led me to the conclusion that a significant number of American pharmacists are interested in this timely subject.

To properly set the stage for questions that must be on your mind, I'd like to tell you what anyone selling hearing aids today faces, and that is a fact of life:

> **No one wants a hearing aid.**
> **It is looked upon as a mark of**
> **senility—a badge of infirmity.**

The hearing handicapped population, I hasten to admit, resists most suggestions that they have difficulty in hearing. This is something we have lived with for years, and it is true yet today, although there are some signs that modern, electronic hearing aids are helping to break down the vanity barriers.

Thanks to the work of the American Speech and Hearing Association, the American Hearing Society, and university clinics there is evidence of an increased awareness among families and teachers of handicapped children that a hearing aid may be a major step toward a more normal way of life for a child. But I must say once again, no one really wants a hearing aid, and this makes the selling of a hearing aid one of the most demanding tasks in the consumer field.

In spite of this fact of life, Zenith is actively engaged in performing service in the hearing handicapped, and through its leadership has helped hundreds of thousands of men, women and children.

Most of the pharmacists today who sell our hearing aids have come to realize that the amount of success they have depends upon the amount of effort they put forth.

The successful pharmacist, we soon discover, is one that offers private demonstration rooms in which customers and prospects can be accommodated conveniently and efficiently.

Some people mistakenly think a hearing aid can be an "over-the-counter" item. Nothing is further from the truth. Selling today's hearing instruments calls for specialized training and an understanding of the problems of the hard of hearing.

A letter I received only a short time ago asked "Do you believe all pharmacists should sell hearings aid ?" My reply to this individual was the same as my answer to this question today: **"No."**

I say "No" **unless** the pharmacist can provide a member of his staff to devote full time to the selection and adjustment of aids. Otherwise it would not be practical.

One of our Zenith dealers, a pharmacist in the State of Virginia, really wins friends and influences people with the kind of service he offers to his customers. In addition to selling hearing aids and hearing aid batteries, he maintains a record of all purchases made by his regular clients. At the end of the year a complete record is furnished each patient for use in income tax deductions.

While you may not want to get involved in paperwork, there are certain basic requirements and equipment necessary to sell or dispense hearing aids. In addition to having a private demonstration space, such as I mentioned earlier, you will need an audiometer, a number of air and bone conduction instruments. batteries, cords and a supply of impression materials for making custom-made earmolds.

Twenty years ago if you had asked me how many different kinds of hearings aids there are it would have been an easy question, and this panel discussion would have been concluded in a few minutes. Twenty years ago Zenith offered only **one** model, a bulky device weighing nearly two pounds, with clumsy batteries worn externally that had to be carried around in a pouch clipped to your belt—or in the case of a lady, strapped to her thigh. It was not a very attractive device, but it offered amplification for moderate conductive losses.

Today, with the advent of transistors, miniature batteries, and now an entirely new stage—the microminiature, solid-state integrated circuit—we have hearing aids that weigh less than ¼ of an ounce with battery that can help mild, moderate and severe losses, both conductive and sensory neural (or nerve type) losses.

In fact, Zenith has today an amplifier so tiny that ten of them can be stacked into an area the size of a head of an average safety match! This is the result of space-age technology. It is evidence that changes are taking place continually in our industry. This new, exclusive amplifier is part of the instrument I am now holding up for you to see. Isn't that quite a change from our first model made back in 1943?

The same is true of our hearing testing equipment.

Twenty years ago, a pharmacist wishing to go into this business would be faced with buying a huge, bulky, vacuum tube audiometer . . . hardly the thing to carry around on house calls.

Today, our engineers have designed an audiometer into a portable package weighing less than 10 pounds, and through the use of transistors eliminated the need for vacuum tubes. Battery operated, today's modern audiometer can be carried from hospital room to hospital room, from schoolroom to schoolroom, from your hearing aid demonstration room to the home of a patient.

This is progress.

In addition to improved products you have other things working for you . . . and this is something that you must be well aware of - - - the senior citizen market.

Only recently I addressed a convention of Florida state hearing aid dealers who were concerned with the growing number of ear operations being performed each year. Some of them, however, were not aware that in spite of this, the hearing aid market is growing because of the steady rise in the proportion of older people.

For instance, in 1960, Americans over 55 years of age numbered 30 million. By 1970, their ranks are expected to reach 40 million, an increase of 33 percent in just 10 short years.

This age group is, of course, the prime market for our hearing aid industry.

To give you an even deeper picture of the hearing aid market, were you aware that deafness and other hearing impairments ranked **third** in this country in prevalence of selected chronic conditions by age, sex and residence? . . . that hearing problems involved 34.1 persons per thousand population?

This is exceeded only by such well known ailments as arthritis and rheumatism, asthma and hay fever, some of the most common ailments in this country today.

Here's another way of looking at the hearing aid market so you, as a pharmacist, can ask yourself: is there a need for my services?

The prevalence of hearing loss is almost double that of visual impairments. For most of us this is hard to believe. I'll bet you thought it was the other way around because you see more people wearing glasses than hearing aids.

The real shocker is that statistics we now have indicate with 12 to 15 million hard of hearing, only 2 million wear hearing aids. This leaves a minimum of 10 million individuals.

Let's assume that medical and surgical procedures can help fifty percent of this potential . . . that still leaves the hearing aid industry **five million** prospects today.

But you are not particularly concerned with the whole of the United States. Your interest centers in Maryland, so let's take a capsule look at your great state.

Maryland, according to our research department, is the "sleeper" of the Eastern Seaboard. It grew faster in the past decade and promises to grow faster in the future than anyone had expected.

The Eastern Shore of Maryland is most attractive to companies seeking new locations. There are many attractions—lots of good workers—plenty of water—ample recreation facilities.

Add to this the fact that Baltimore is the fifth biggest port in the United States, and still growing, and that many of the smaller ports on Chesapeake Bay are being improved so they can accommodate seagoing ships.

What I've seen of Maryland I like. We regard it a versatile state, and I'm happy to know, as I'm sure you are, that it is expected to increase its population 50% by 1975. This means additional business for you as a pharmacist, and additional business if you decide to go into the field of hearing aids.

Now that I've given you a condensed look at your market potential and the opportunities in selling hearing aids, there may be a question from some of you on the subject of your professional relations.

I am referring to the good, strong relationship you now have with the practicing physicians of Maryland. Each of you in your own community work daily with doctors, and fully know the value of referrals. This same thing is true in the sale of hearing aids, the only change being that you will need to concentrate more on the otologist and the otolarynologist. In addition, clinical audiologists will be another source of referrals for you as a hearing aid dealer. They will expect you, however, to thoroughly know your product, and so we get back to certain points whch I cannot stress too heavily, and that is the need for **intensive training**, a staff willing to devote time to serve the hard of hearing, and patience before and after the sale.

In return, the Hearing Aid Industry through its national organization of dealers and manufacturers, will continue to conduct an educational program to motivate the hard of hearing to seek help for their hearing problem. Perhaps during the month of May you saw evidences of this when the lovely Joan Fontaine appeared on television as part of the industry's way of observing **Better Hearing Month.** Miss Fontaine's contributions were further supplemented by newspaper stories, radio spots, and personal interviews, all calling to the many ways modern devices and modern methods offer rehabilitation .

If you've been to the World's Fair I hope you stopped at the newest exhibit to be opened, the Hall of Science which houses a collection of antique trumpets and 1964 hearing aids, together with a sound-motion story on hearing loss and hearing help. National efforts such as this, plus a continuing educational program is helping expand our present market.

If you choose to enter this field—and I feel a certain percentage of you will before the year is over—I hope you will heed my final words. First, carefully study your community. Next, review the hearing aid products you feel are most reliable, making certain to find one that is quality made and backed up by a guarantee. And, finally, be prepared to participate in a training program.

If you begin in such an orderly fashion you cannot help but succeed, and in so doing, find this extra service most rewarding and satisfying.

Thank you again for inviting me to Atlantic City. I'd be more than happy to answer any questions now or after this panel session.

Thank you.

YOUR PHARMACY AS A HEADQUARTERS FOR MEDICAL EQUIPMENT AND HOSPITAL SUPPLIES

By DONALD O. FEDDER, Fedder's Pharmacy, Baltimore

I should like, for the purpose of our discussion today, to broaden the announced topic a bit so that it will encompass several ideas that I feel are important to consider when we think about the operation of our pharmacies.

These problems are twofold. First, economics: we are not paid enough! Second, professional recognition. Many of us do not feel that we are recognized as professionals.

Taking the second problem first, this "feeling" could almost be described as a mass inferiority complex. Every poll ever taken indicates that the community pharmacist is looked up to by the community as a whole, and indeed, does enjoy a good reputation professionally.

Primarily, the real problem is economics. We cannot divorce pharmacy from economics any more than medicine or law or dentistry can.

The public health is our first consideration. But, if we are to be on the frontier guarding the public health, we must be economically healthy ourselves, which means we must be well paid.

Now, why medical equipment and supplies? Is this the answer to our economic problem?

Let me give you a little personal history to illustrate a point. In May, 1951, I took over a small store. My wife and I worked very hard. After all this mighty effort, a developer came along and built a large number of homes in my community.

In seeking to make my pharmacy important to my community —so that I may offer a service that was needed—I purchased, in

1955, a wheel chair, hospital bed, several canes and a couple pairs of crutches. I was now in the hospital supply business.

I then blundered into surgical supports, and in no time found myself with very little business, but with a burgeoning inventory.

Seeking help, I went to a surgical fitting school, consulted manufacturers, read everything I could on this subject, hired another pharmacist and sought a means of getting things going.

As must be obvious at this point, all that glitters is not gold. There is a cost of doing business that must be faced, whether it be the prescription department, cosmetic department, or hospital and surgical needs department.

Just what is important to the operation of your pharmacy?

1. Serve the needs of your community. Be sincerely interested in the activities in your community. Service clubs, civic affairs, church and fraternal organizations need, deserve, and **appreciate** your honest efforts.
2. Offer service to your patrons.
   (a) Prescription record keeping
   (b) Charge accounts
   (c) Price

How important is price? For our purposes today, I am referring to prescription prices only. It is most important that a well defined system for pricing prescriptions is used. I, personally, strongly advocate a **Professional Fee System.** In this day of strong competition, it is the only real way you can compete with the so-called "discounters", particularly for the maintenance prescriptions, and **still be paid for your service.**

Actually, who really controls the price you charge for the prescription you dispense? When you think about it, the physician and the manufacturers exercise more control on the price the patient pays than you do.

As an example, consider the antibiotic situation today. If the physician should decide to use the imported tetracycline that now costs you less than half the American manufactured product—if you are using a percentage mark-up system, your income on these prescriptions will decrease by half—why? Are you doing anything different than you were before? Is your service any different than before? If a salesman sells your doctor on the cheaper product—can you cut your operating costs in half?

A professional fee system takes you out of the pricing picture. It is readily explained to the public. It provides, particularly to the large users of medication, a decided price advantage, and most important, it assures the pharmacist fair compensation for services rendered.

There are certain supplies that are readily available to every pharmacist—and that every pharmacist should be familiar with.

1. Colostomy and ileostomy appliances
2. Surgical dressing of all kinds
3. Canes and crutches
4. Vaporizers, including the new, cold air type

Be knowledgeable enough to be of real service to your patrons. You should know, for instance, that crutches must have at least an inch or two clearance under the arm pit, or some nerve damage can actually result.

These items belong in most pharmacies today.

However, **surgical garments that require specialized training**, and careful fitting—do not belong in most pharmacies. We can destroy the professional image we are striving so hard to build, by not knowing how to handle a back problem.

Professional competence is most important in handling patient aids; a mistake can cause damage to a patient and result in a lawsuit to you.

There are many ways to make your pharmacy special.

1. Prescriptions
2. Cosmetics
3. Patient aids
4. Hospital Equipment
5: Surgical and orthopedic appliances
6. Photographic department
7: Food service . . . etc.

Handle what you think you can, but learn how to handle what you do!

Everyone cannot specialize in all these phases. Time is a most important factor. In surgical supports and hospital supplies, you must allot time to spend with the patient. The final "sales" cannot be the ultimate aim in your dealing. As I stated earlier, the public health is our first consideration.

I do not pretend to know the answers to all the problems posed here. I do know that there is no **single** answer to problems facing our profession today I do feel that solutions must be found to still any animosity that may exist between our national organizations.

There is too much common ground on which to walk without fighting! I, personally, am looking forward to tomorrow's panel for some direction from our national leaders.

As Dr. Fred Kilmer said some forty years ago, "The only gauge for professionalism is in the character of the vendor".

Let me close with this thought. All the plans, all the ideas, are of no value unless you sincerely and wholeheartedly put them to work. Putting a line of hospital supplies, orthopedic appliances and patient aids in your pharmacy is **not** the key to success!

It may, however, be a very useful tool.

President Cooley expressed his appreciation to Dr. Lamy and complimented the panelists for being so frank and for telling everyone the facts they really need to know.

The President then made announcements of the picnic and dancing lessons at the pool in the afternoon. The evening entertainment was to feature a half hour film of the 1963 Convention and the TAMPA show.

Secretary Gruz announced that the Nominating Committee would meet following the adjournment of this session, and that the Resolutions Committee would meet following dinner in the Mirror Room.

He also announced that the Executive Committee and officers of the local pharmaceutical associations would meet at breakfast in the Mirror Room.

With the drawing of the attendance prizes, the Second Session was adjourned at 1:30 P.M.

THIRD SESSION

JOINT SESSION WITH THE MARYLAND ASSOCIATION OF HOSPITAL PHARMACISTS

Wednesday, July 1

An innovation at the Convention was the holding of a breakfast meeting at 8:00 A.M. for all officers and members of the Executive Committees of the state and local pharmaceutical associations.

Secretary Gruz presided and introduced the guest speaker, Wilbur E. Powers, Secretary, National Pharmaceutical Council.

"Mr. Powers holds degrees in chemical engineering from the University of Denver and in pharmacy from the University of Michigan.

He was with the New Jersey Board of Pharmacy for fifteen years, the last ten of which he served as secretary. Since 1954 he has been secretary of the National Pharmaceutical Council, an organization of 23 ethical pharmaceutical manufacturers.

He is registered as a pharmacist in Colorado and New Jersey. He holds membership in many pharmaceutical organizations including the A.Ph.A., N.A.R.D., Rho Chi, Kappa Psi and the New Jersey Pharmaceutical Association.

Mr. Powers has held many offices including President National Association Boards of Pharmacy 1955-1956, President Society of Mercer County Pharmacists 1957-1958, President New Jersey Chapter A.Ph.A. 1962-1963 and since 1962 a member of the Board of Trustees of the New Jersey Pharmaceutical Association.

His activities in legislation, enforcement, pharmaceutical industry and working with pharmacists in their local and state organizations have given Mr. Powers insight into many of our problems."

In Mr. Powers' talk on "A Successful Foundation for Organized Pharmacy" he discussed the organizational structure of pharmacy in New Jersey. The entire state is organized into local organizations consisting of one or more counties. All these local groups are affiliated with the New Jersey Pharmaceutical Association. Dues for the local and state associations are paid to the local, which in turn transmits the state dues to the state association.

Mr. Powers asserted the system in New Jersey resulted in greater membership and more efficient operation for both the local and state associations.

A discussion period followed.

The Third Session was called to order by President Cooley at 10:15 A.M. in Kerry Hall. He pointed out that this was a joint session for the first time with the Maryland Association of Hospital Pharmacists. Mr. Cooley welcomed the hospital pharmacists present.

The gavel was then turned over to First Vice-President Solomon Weiner to preside at the Third Session.

Chairman Weiner recognized Professor Robert E. Abrams, Executive Secretary of the American College of Apothecaries; Mr. Morris Blatman, Secretary of the Philadelphia Association of Retail Druggists, and his wife, who is also a pharmacist; Mr. Donald Prescott, Editor of the American Pharmaceutical Association Newsletter and Mr. Alvin N. Geser, Secretary of the New Jersey Pharmaceutical Association.

Chariman Weiner called upon Miss Mary Connelly, Secretary of the Maryland Association of Hospital Pharmacists, who thanked the Maryland Pharmaceutical Association for suggesting this joint session at the Convention with her Association. She expressed her wishes for a successful convention and hoped that this first joint meeting could be turned into an annual event.

Secretary Gruz read a telegram from Luis Hernandez, President of the Maryland Association of Hospital Pharmacists, expressing regrets at his inability to be present and his appreciation to the Association for the first joint session.

Chairman Weiner called upon Mr. Alexander J. Orinz, Jr., Second Vice-President of the Association, to introduce the speakers and act as discussion leader.

"PHARMACY'S CRITICAL ISSUES — PROFESSIONAL AND ORGANIZATIONAL"

Moderator Ogrinz then introduced the program as follows:

"I feel honored to have the privilege of introducing to you the two gentlemen whose presentations from this platform may be termed addresses emanating from the summit of Pharmacy.

Many in the room are members of the Associations represented by these pharmacies.

Quoting from one of our pharmacy journals:

> 'There is still too much hesitation on the part of retailers to advance prices on many of the staple drugs that increased in cost in recent years. To a large extent, this is noticed in the charge for prescriptions. It has been customary to use as an argument for higher prices on prescriptions the fact that plumbers, painters, musicians, and other unionized trades, receives better wages for their labor than pharmacists.
>
> There is no argument at all. To compound medicines calls for one of the highest and most scientific arts. It is really in a class all by itself. The charges should be made in conformity with the volume of the work and the skill needed for correct manipulation." (**N.A.R.D. Journal**, April 9, 1914).

This quote depicts a problem that is with us today just as it was fifty years ago.

Pharmacy student recruitment teams, speaking at high schools and using aids made available by the American Foundation for Pharmaceutical Education and the American Association for Colleges of Pharmacy, relate to the prospective student that better than 80% of the graduates will enter the community pharmacy retail drug field.

But then they go on to talk of the many opportunities open to them, listing hospital pharmacy, pharmaceutical education, pharmacist detail men, pharmacists in government service, and so enumerating some fifty odd related positions available to a graduate of a pharmacy college.

We may then conclude from these rather unrelated examples, pricing and Pharmacy, other than that practiced at retail, that we are in the only profession that must be practiced in a business or economic atmosphere.

Yet, within this sphere, it encompasses many facets which are wholly of a professional nature. We here today pray that any problem evolving from this sphere may be viewed by the public as a unified pharmaceutical problem.

From every corner of these United States where Pharmacy is practiced, there is a longing for unity. This unity we all know will never be accomplished by war, which will leave wounds that will not heal, or a cancer that cannot be cured.

A reasonable discussion of our ills in a mood of fellowship is necessary to effectuate a favorable prognosis.

All present today, who have taken the opportunity of attending this convention, are aware that a revolution is taking place in the pharmaceutical world, just as it is taking place in the many other phases of our lives.

Our primary concern must be that the revolution be bloodless and that the emergence be one of a unified profession.

I cannot but feel that our two speakers this morning are here with this basic aim in mind.

We will not have a debate, we will have questions on a purely voluntary basis. And we will try to gain a lot for Pharmacy during this meeting today."

Moderator Ogrinz introduced Mr. Simmons.

Mr. Willard B. Simmons, Executive Secretary
National Association of Retail Druggists

During the month of June I had the opportunity of meeting with fellow pharmacists, individually and collectively, as I attended and spoke at conventions of various pharmaceutical associations in many states from one end of the country to the other. I can assure you that it is always a pleasure to meet with pharmacists and to discuss some of their problems.

We are now in July, and here I am addressing the members of the Maryland Pharmaceutical Association . . . still talking . . . still preaching the gospel of good pharmacy.

I am glad to be here. I am glad because it gives me a chance to visit with you and to learn from you. I am glad because this is home base for Joe Cohen, your former executive secretary, and a member of the N.A.R.D.'s valiant and tireless team in Washington.

I sincerely do appreciate very much the opportunity extended to me to address the 82nd convention of the Maryland Pharmaceutical Association here in Atlantic City. Although I have visited Atlantic City many times, this visit is particularly significant because it is the first time I have had the pleasure of meeting with the retail pharmacists from Maryland. I have heard good reports about your convention so far and hope that it will conclude fully productive and successfully.

A state organization that has been in existence 82 years must be rich in tradition and experience. You certainly have faced and overcome many challenges in the drug field in the past not necessarily confined to retail pharmacy. I feel confident you will evaluate and solve the challenges of the future.

Successes do not happen automatically. In fact, successes are the result of devoted hard work and concerted, conscientious effort coupled with unfettered freedom of thought and action. This is particularly true in the field of pharmacy. If pharmacy is to go forward by meeting challenges and overcoming obstacles, we must preserve its freedom of thought and action.

We cannot enhance the position of pharmacy through centralization and regulation. Centralization in pharmacy is just as repugnant as it is in government. No one should know this better than you people from the free State of Maryland.

Certainly the founders and pioneers of the Maryland Pharmaceutical Association dedicated themselves to pharmacy to create and perpetuate an effective representative association. I am thinking of such men as Dr. E. F. Kelly, an able dean and educator who later became secretary of the American Pharmaceutical Association; Dr. Robert L. Swain, who became editor of Drug Topics and was considered the sage of pharmacy during his lifetime; Dr. H. A. B. Dunning, a true pharmacist at heart who made wise and material contributions to state and national pharmacy. There were others, of course, who met the challenges of pharmacy and made wise decisions.

It was concerted action and dedication that brought about the Miller-Tydings amendment to the Sherman Act. It was the leadership and devotion of such men as the late Jack Wannenwetsch and Si Solomon who convinced Senator Tydings of the great need for fair trade. Incidentally, I want to state here that in my opinion there is no individual that I know who is more knowledgeable in dealing with fair trade than Si Solomon. Si, I salute you and want you to know that N.A.R.D. is appreciative of the interest you have maintained.

You have met all challenges intended to destroy the Maryland Fair Trade Act and you have preserved your Act against all odds.

Welfare medication continues to bring problems as public officials strive to reduce costs and at the same time satisfy the public in general as well as the welfare recipients.

I participated in the 1964 convention of the Kansas Pharmaceutical Association and while in Topeka was told about the Kansas Uniform Plan of Medical Care for public assistance recipients.

I found it of unusual interest that the pharmacists received rightful recognition along with the physicians and the hospitals. Moreover the program is otherwise excellent and undoubtedly one of the best in the country.

Governor John Anderson in 1961 appointed a Committee on Medical Care in the Public Assistance Program. It consisted of four representatives each from the Kansas Medical Society, the Kansas Hospital Association, the County Commissioners Association, the County Welfare Directors Association and the Kansas Pharmaceutical Association.

The outcome was the initiation of the welfare program on April 1, 1964. The right of the recipients to choose the pharmacists and the physicians they prefer was made basic in the plan. Also the prerogatives of the pharmacists and physicians are safeguarded.

The recipients of the welfare program are entitled to all the medication prescribed by the doctor of the individual recipients and the drugs must be supplied by the pharmacy in the retail field named by the respective recipients. Excluded from requirements as to medication is the use of generic equivalent drugs.

Claims for medication are paid only to a licensed pharmacy in the retail field except in instances where the doctor on a case requests that an exception be made to the rule because of no licensed pharmacy in the town. However, every exception must be reviewed by a medical utilization committee, of which a pharmacist is a member.

The maximum pharmaceutical price schedule is: The pharmacy shall charge no more for prescriptions for welfare recipients than it charges other customers. This payment is not to exceed the cost of the prescription medication plus 50 percent plus 50c for prescriptions costing less than $5.00 wholesale. The maximum price where the wholesale cost exceeds $5.00 shall be cost plus 50 percent. The wholesale price for the manufacturer's smallest packaged quantity is the base. The minimum price for a prescription shall be $1.25 and prescriptions shall be delivered when the welfare client is unable to come for the prescription and has no one available to pick up the prescription for him. For compounded prescriptions, the maximum payment will be cost plus 50 percent plus $1.00.

Kansas provides an excellent pattern of a welfare program for adoption in the states that continue to retain outmoded procedures for assistance to recipients of health care provided by the public.

One of the problems that is of concern to the N.A.R.D. involves the discriminatory discounts of a number of pharmaceutical manufacturers in favor of hospitals, clinics, and various other customers except individual druggists. They are able to buy medication much below the prices that the independent retail pharmacists must pay. It is contrary to fairplay, and the N.A.R.D. is determined to correct the deplorable situation.

The very low prices which hospitals pay for medication seem to be excluded from the antitrust statute against discriminatory discounts in the event that the use of the medication is confined to "in" patients of the hospitals. However, when hospitals sell to "out" patients, the situation is different and it is then evident that both the hospitals and the suppliers of the medication involved in discriminatory discounts violate the Clayton Antitrust Act.

The pharmaceutical manufacturers identified with discounts which favor particular customers ought to realize that it is contrary to fair play and that clamor for corrective legislation could materialize in additional antitrust statutes.

The independent retail pharmacists nationwide have made it plain that they have endured the effects of discriminatory discounts much too long.

Competition that plays the game of juggled discounts continues to be a serious problem to the pharmaceutical manufacturers. It is obvious that the companies with legitimate discounts must contend with discounts of competitors that violate the rules of fairplay. The N.A.R.D. will serve both the pharmaceutical manufacturers and the independent retail pharmacists through a showdown on discriminatory discounts. One leader in the sphere of the pharmaceutical manufacturers expressed the hope that the issue of discounts will be pressed to the point of last resort.

I have just mentioned the outpatient facilities that are being provided by hospitals in so many of our cities throughout this country. I know you are aware of the resolution that was adopted at the convention of the N.A.R.D. in 1963.

I would like to read the resolution that was adopted:

> "Whereas, hospital pharmacy outpatient prescription service totals an estimated 30 percent of all prescriptions filled and is steadily increasing, and,
>
> "Whereas, we believe the principle of free choice of pharmaceutical service is consistent with and of equal importance as free choice of physicians, and
>
> "Whereas, it is the true function and responsibility of hospital pharmacies to provide inpatient service, and
>
> "Whereas, the management and operation of outpatient clinic pharmacies in hospitals, to a degree, are tax supported and tax free, and
>
> "Whereas, dispensing prescriptions to outpatients by hospitals constitutes unfair competition to retail pharmacy, be it therefore

"Resolved by the National Association of Retail Druggists in convention Assembled on October 10, 1963, in Chicago, Illinois, that the N.A.R.D. deems it contrary to the best interest of a free and private enterprise system of which pharmacy is an integral part; and be it further

"Resolved that the N.A.R.D. petition the American Hospital Association and the American Society of Hospital Pharmacists to take a stand in favor of the elimination of dispensing medication to outpatients."

Hospitals take the largest part of the health dollar and many of them derive sizable profits from the medication. I know of one hospital that last year took $100,000 out of the pharmacy it operates. It is a temptation for the managements of the hospitals to go after added profits from medication through the installation of outpatient pharmacy facilities.

The N.A.R.D. is unalterably opposed to hospital dispensing to non-patients. We oppose the extension of hospital facilities that invade the sphere of pharmacy in the retail field. We will resist any and every plan that makes hospitals competitors of the drug store proprietors.

It might be of interest for you to know that the N.A.R.D. has been accumulating information since the adoption of the resolution. As a matter of fact we have had one of our attorneys looking into the possibility that there may be some violation of the Robinson-Patman Act that would involve the suppliers to the hospitals in the dispensing of this medication for the outpatients.

You have of late heard much about the reclassification of drugs. First there was a proposal for a third class and now it is said that there ought to be a fourth class. Maybe we will be told about a fifth class before long.

There are various questions that ought to be answered in connection with the proposed third class and fourth class of drugs before a decision is made on one proposal or another. The questions are:

(1) What is to be included in the third class of drugs and fourth?

(2) What additional "legal" responsibilities would be assumed?

(3. Is there involved the hazard of additional federal regulation and control and perhaps even the requirement for a federal license to operate a pharmacy.

(4) Are we to become so-called "counsellors" of medication to laymen and thereby practice medicine?

(5) What image do we create for ourselves?

(6) Could it be in reality a "state" control program?

(7) Is there now regulatory machinery to accomplish some of the basic needs of control?

(8) Do the pharmacists of the country understand all the issues involved in this problem? Is the consensus of their attitudes known?

The N.A.R.D. is of the opinion that it is important to procure comprehensive information on the reclassification of drugs before a final decision is made. Accordingly the N.A.R.D. will research the proposal to procure essential guidance.

You will recall that a conference to procure information was held in Washington, D. C., on April 8. Present at the conference were representatives: of

The Food and Drug Administration . . . Commissioner George P. Larrick, Assistant Commissioner Winton B. Rankin, and Assistant General Counsel William W. Goodrich;

American Association of Colleges of Pharmacy . . . Dr. Charles W. Bliven;

American Foundation for Pharmaceutical Education . . . Dr. W. Paul Briggs;

American Medical Association . . . Otis Anderson, M.D.;

Pharmaceutical Manufacturers Association . . . Joseph Stetler and Jack Kelly;

Proprietary Association . . . Dr. Howard Prentice, James Hoge and James Cope;

National Association of Boards of Pharmacy . . . Fred Mahaffey;

National Pharmaceutical Council . . . Newell Stewart and Henry McNeil;

National Wholesale Druggists Association . . . Harry Kimbriel and Charles Beall;

National Conference of State Pharmaceutical Association Secretaries . . . Nathan Gruz and Alvin Geser;

Metropolitan Drug Association Secretaries . . . David Boyd and Morris Blatman;

The National Association of Retail Druggists . . . T. Donald Perkins, Willard Simmons, Sidney Waller, Philip F. Jehle and Joseph Cohen.

President Perkins of the N.A.R.D. presided as chairman. He urged everyone in attendance at the conference to feel free to express his views on the reclassification of medication and to offer suggestions. He also explained that none of the individual comments would be recorded.

I explained in the opening statement of the conference that the meeting was "exploratory in purpose" and went on to say that the conference had been arranged in order that individuals, organizations and the professions interested in reclassification of medication could express in an informal manner the views they hold on a third class of drugs. I emphasized that there was no intention to take a specific position on reclassification of medication. I declared that the intention of the meeting was only to exchange opinions and conclusions on reclassification of drugs for study.

I recalled that proposals for reclassification of drugs had in bygone years been argued in the courts of several states and also proposed measures to provide various statutory restrictions on the distribution of particular medicaments had been presented to legislatures in a number of states. Also I noted that a third class of drugs had been considered in conjunction with the preparation of the amendment to the Food, Drug and Cosmetic Act sponsored by Senator Hubert Humphrey and Representative Carl Durham.

I said further that the issue of reclassification of mediciation became prominent in the deliberations that preceded the passage of the 1962 Act for the Control of Drugs that evolved from the investigation initiated by the late Senator Estes Kefauver.

Additional emphasis on reclassification of drugs occurred last fall when Senator Humphrey suggested that the N.A.R.D. assume leadership directed towards a solution of the problem which originated in promiscuous distribution of medication.

"At the N.A.R.D. convention in Chicago in October of 1963, the delegates adopted a resolution which was implemented as an objective for 1964 by the Executive Committee of the N.A.R.D. The resolution called on the N.A.R.D. to initiate and support efforts in the interest of the public to control drugs that could produce harm or conceal disease, and that it be done through licensed pharmacies by legislation fi necessary."

The N.A.R.D., as already announced, will conduct a survey designed to ascertain the consensus of the independent retail druggists of the country as to reclassification of drugs.

A questionnaire has been prepared for the survey and it is published in the June issue of the N.A.R.D. Journal. It is also planned to mail the questionnaire to the individual members of the N.A.R.D. I wish all of you to know that the N.A.R.D. entertains no preconceived notions on reclassification of drugs.

On the question of a federally established third class of drugs, the N.A.R.D. is interested whether our members want such legislation and, if they do, in what form.

The delegates to the 1963 convention of the N.A.R.D. held in Chicago, in a resolution they adopted, urged the officers and the officials of the N.A.R.D. "to continue to provide information and guidance on pharmacy ownership principles" and it was declared in the adopted convention resolution:

". . . that limitation on ownership of pharmacies to only licensed pharmacists is vital since it assures the best drug store health service in every community;

. . . that the limitation is essential to preserve the professional integrity and service of the community drug store."

The N.A.R.D. had a brochure titled "Pharmacy Ownership Legislation" prepared in response to the convention resolution adopted on October 10, 1963 and the brochure contains authoritative information for the guidance of organized legislative activities planned to achieve the enactment of a state law that restricts the ownership of pharmacies in the retail field to licensed pharmacists. The authors of the brochure were alert to the court tests of constitutionality to which such a statute undoubtedly will be made to undergo.

The brochure discusses two legislative approaches to safeguards for the professional standards of pharmacy necessary to protect the health and the safety of the public. The authors of the brochure and the experts they consulted prefer a "pharmacy control law." They make it plain indeed that it is the statute to strive for over every other type which may be suggested.

I am sure you will agree with me that effective pharmacy ownership legislation is important in that it provides protection of the rights of the pharmacists as practitioners of a major health profession and also that it safeguards the health of the public.

The Congress on Medicine and Pharmacy held in Chicago, March 12 and 13, served to provide an important forum for exchanges of opinions on the failures and the accomplishments of interprofessional relations. Ownership of competitive pharmacy facilities by physicians was the major issue in the discussions of the Congress. Comments from the floor now and then tended to become sharp, and in some cases, bitter. Nevertheless there is reason to believe that the outcome will be beneficial to both medicine and pharmacy.

I believe in exchanges of opinions in the settlement of grievances and disputes. Nothing is achieved from evasion of arguments both pro and con on matters of concern to one profession in relations with another. The Congress on Medicine and Pharmacy was open and free for exchanges of opinions, which to me, was important to the efforts to bring about corrective measures needed to counteract unfortunate controversy.

It was a pleasure to hear prominent physicians join with pharmacy in opposition to the competition of pharmacy, facilities operated by clinics and medical doctors in group practice. I know that most of the physicians nationwide support the position we maintain in regard to pharmacy ownership. How is it then that the A.M.A. House of Delegates holds that it is ethical for physicians to derive profits from the medication they prescribe? The answer I have received is that the House of Delegates as now constituted is a clique instead of a body that represents the majority of the physicians identified with the A.M.A.

How much good will materialize from the Congress on Medicine and Pharmacy? Only time will answer the question. However, I think that it will stimulate discussions at the local level and that the results will be beneficial to both medicine and pharmacy.

The N.A.R.D. has expanded facilities to help individual members cope with the business promotion activities of competitors. The situation in the marketplace is such today that many techniques employed in the past have ceased to be effective. An experienced merchandiser has been retained to head the expanded facilities. The program of the expanded facilities will include:

. . . Guidance information on the preferences of the consumers in the different age and sex classifications and in the status they occupy (mothers, husbands, teenagers, single girls, etc.)

. . . The atmosphere of the drug store (comfortable and pleasant with the emphasis on the drug store as a health center).

. . . Education of the sales clerks.

. . . Arrangement of the merchandise.

. . . Window and interior displays.

. . . Seasonal presentation of merchandise.

. . . The techniques of business promotion and the various media involved.

. . . Specific success examples.

. . . And much in addition.

I know that the expanded facilities and the assistance provided through Mr. Reynolds are valuable to the members of the N.A.R.D. Many drug store owners have advised me to that effect.

Modernization is coupled to public relations. How a drug store looks inside (and also from the outside) either makes a favorable impression on people or it stimulates negative thoughts. Hence, it is important for every independent retail pharmacist to study the drug store he operates in order to ascertain the reactions of the public to the exterior as well as the interior. Competition is such today that it is a mistake to assume nothing needs to be changed.

Here are some of the things that hurt the prestige of a drug store:

The exterior is unkempt. The paint has been weathered and the main sign is ugly in appearance. Also, posters on the outside devoted to products detract from the drug store as a health center. The same is true of streamers that shout hamburger or frankfurter sandwiches, etc. Modernization includes the elimination of the things from the exterior that ought never to have been tolerated.

Disorganized and cluttered displays of merchandise irritate a large percent of people. Even the frowziest housekeepers in most cases become vexed when they enter a drug store in a state of disorder. The situation quite often results from lack or misuse of fixtures or failures of the layout.

The facilities of the drug store modernization department has also been expanded.

The services include:

(1) Complete floor plan with specifications, or

(2) Advise on a floor plan made by a fixture company or someone else, or

(3) Suggestions on modernization ideas submitted by the druggist himself.

A drug store may have undergone modernization a year or two ago, and it now seems that the layout ought to be changed. The modernization department will be glad to make a study of the layout, the suggestions will be made in detail.

It is only necessary for the druggist to draw a rough plan that shows the location of each department of the drug store and to mail it, along with descriptive comments, to the N.A.R.D.

A drug store proprietor may lack capital to finance complete modernization at one time. Then it is advisable to do it in stages.

The modernization engineer will be happy to develop a program in accordance with the financial situation of the owner and the fixtures now in use. He will need a description of the present fixtures and photographic snapshots for guidance.

The advice and suggestions are based on factors that must be considered in order to determine (1) effective display of merchandise, (2) pleasant conditions for customers and (3) appearance of a design to accentuate the primary function of the drug store as such.

We of the drug store business, and particularly we who are the independent pharmacy proprietors of the country, have recently within a space of a few days tasted brilliant victory and sustained heartbreaking defeat.

On June 1st, the Supreme Court of the United States handed down a smashing decision upholding, by a vote of 8 to 1, the constitutionality of the Ohio fair trade law.

On June 9th, 11 of the 17 members of the Senate Commerce Committee voted 6-to-5 to table the Humphrey Quality Stabilization Bill.

The victory in the Supreme Court is a permanent one—as permanent as a Supreme Court decision can be—for the favorable decision constitutes notice to the country that the principles of fair trade, as reflected in the Ohio fair trade law and in the Quality Stabilization Bill, meet the Court's rigorous tests of constitutionality.

The defeat—let me make clearly emphatic—is a temporary one. We are satisfied that a majority of the Senate Commerce Committee would have voted favorably to report out the Humphrey Quality Stabilization Bill—if the full committee had been given the opportunity to vote for or against the bill, rather than to vote to table or not to table.

We are satisfied that the Congress of the United States—both the House of Representatives and the Senate—would vote to enact the Quality Stabiliization Bill if the Bill were brought to a vote in each house.

Indeed, we firmly believe our opponents were so fearful that the bill would be enacted that they moved might and main to prevent it from getting to the floor of the House and to the floor of the Senate.

As of now, our opponents outside of Congress and in Congress have a success to show for their maneuverings. I am determined that the success of our opponents shall be short-lived. I am determined that we press our case to the Congress until the Congress has an opportunity to vote our bill down or to enact it. You can be sure that our opponents will seek now to foster in us a feeling of hopelessness and helplessness . . . a feeling of despair and defeat . . . a feeling of what's the use.

But our opponents can be sure that we will carry the fight to a conclusion, come what may. For I was never more determined than now to get an answer from the Congress of the United States. We of small business have a right to that answer. We of small business have a right to know where we stand with the Congress. We have a right to know whether the pretty phrases of endearment, the celebration of Small Business Week or Small Business Month, are the sum and substance of what we may expect from our lawmakers and our government. And we have a right to know what the Congress is prepared to do if it isn't prepared to give us Quality Stabilization and the improved atmosphere of fair competition that Quality Stabilization would make possible.

Our situation today reminds me of the battle order of a French general: "My left is crumbling," he said, "my right is destroyed, my center is weak — ATTACK." The allied armies had lost battles. With this new spirit, the war was won.

That is the way I feel about our situation on Quality Stabilization today. we have lost battles, we've got to win the war. And if we do so, we know in advance that the war will stay won even when the battleground becomes the Supreme Court.

What specifically are we going to do?

We are going to reform our lines so that the strength of all supporters of Quality Stabilization can be mobilized and concentrated on the major objective.

We are going back to the House Rules Committee to do our utmost to get a vote on Quality Stabilization in the present House of Representatives.

We are going to ask our friends in the Congress to work for their friends, the small business people of the country, with greater vigor and conscience than ever before.

We are going to do these things because I know that the predatory pricecutters of this country, from the discounters up and down, are going to look upon the defeat in the Senate Commerce Committee as a license to destroy us through the only type of competition we can't meet—vicious, predatory, consumer bait, bankruptcy price competition. And when I say bankruptcy, I mean your bankruptcy and mine, not theirs.

At the same time, I expect to be talking to the State secretaries in the 17 states whose courts have ruled out the nonsigner clause in order to get a realistic evaluation of the possibilities of enacting Ohio-type "contract-by-notice" fair trade laws.

I have said in the past, and I repeat to you now, that our opponents outside of Congress have the money; and I daresay they have used a good deal of it to prevent Congress from imposing upon them improved conditions of fair competition. We have what is surely more precious than money. We have the people. We have enough in the drug industry alone. In addition we have the hardware people, the men's clothiers, the book people, the jewelers and so on through the ranks of the 1,500,000 independent retailers.

Our great assets can be stated in 3 words - HOPE - COURAGE - WILL . . . WILL to refuse to accept defeat . . . WILL to fight until it is possible for small business to operate, and to succeed or to fail, in a climate that puts a premium on skill, devotion, imagination and energy rather than on merchandising tactics based on deception and misrepresentation.

Now, I appreciate that Quality Stabilization is by no means the answer to all our problems; but it is a keystone on the solidity of which our future my well depend. For we must have a reasonable opportunity to compete in fairplay with one another and with those in other fields who seek to take our customers away and thereby to destroy us . . . by means of unfair competition.

Other plans have been proposed that would, if realized, eliminate or lessen the competition we have from essentially non-drug outlets. I can understand the logic that motivates this objective. However, I think it would be foolhardy to place our future in jeopardy by too much reliance on the legislative success of various proposals along this line. You and I have found over the years that our efforts to eliminate competition by outlawing it through the legislative process are meeting with increasing resistance and decreasing success.

I think we must face the fact that our non-drug competition will grow instead of diminish . . . unless we in pharmacy beat them in the open market with an armory full of ideas . . . of dedication . . . of work. We have many values to help us. However, we must know how to harness them in our interest. Of one thing I am sure—we in retail pharmacy cannot crawl into a shell and expect to live for long in business.

I say that it isn't necessary to handle prescriptions alone, to the exclusion of everything else, in order to be called a professional pharmacy or to qualify as one. The sources of the success we attain are in our hearts and in our minds.

In the United States in 1964 I expect that the American people will spend more than $9 billion in our nearly 55,000 drug stores. Less than one-third of this amount will be accounted for by prescriptions alone. How many druggists in this country are prepared to drop the other $6 billion of business just to avoid being indicted by some as being merchandisers rather than professional pharmacists?

The total amount of business in drugs and other health aids in 1964 will be slightly less than half the total money spent in drug stores. Who in this room is prepared to eliminate from his inventory and, if you please, from his stock of services, the goods represented by the other $4½ billions of sales? Very few of you are, or ever will be, prepared to do that.

But of course, let me make this clear: no Congress, no trade association, no trade journal, no society of any kind will deny you the right individually to make your own choice of the kind and scope of inventory and services that you wish to carry and dispense. If all you want to handle is prescriptions, that is fine. But if anybody tries to impose on you his ideas of what your drug store should be like, I can well imagine where you will tell him to go.

We have heard a great deal about professionalism in pharmacy ever since each one of us was born into a drug store or graduated into one. I have no less pride in the profession and of my professionalism than any man in this room, than any man in the United States. But I am in the retail drug business and I know that if I were unable to operate a business to produce profits I would soon have no profession to practice as a pharmacy owner.

There are so many things in your enterprise and mine that involve economic considerations and decisions. The N.A.R.D. over the years of this century and earlier, has worked unceasingly in the interest of the independent pharmacist proprietor. It has spearheaded many of the great advances that have enabled you and me and our predecessors in pharmacy to flourish. N.A.R.D. has had only one interest: your interest as an independent proprietor, undiluted in any degree by the sometimes competing—through often paralleled—interest of other branches of the profession and of the industry. We have worked with the state pharmaceutical associations on many common causes, more often successful than not. We have sought the cooperation of all branches of the industry, of the profession, and of allied industries and professions as the need arose. And we have ourselves cooperated with others in matters of mutual interest. This we do today. We ask for and we extend the hand of cooperation.

One thing we do not do. That is to deprive the pharmacist proprietor of his right as an individual to decide for himself whether he shall be a member of the N.A.R.D. or of any other organization in the United States. We have never sought to coerce pharmacy proprietors into our organization, or to dragoon by automatic or other means our employed pharmacists in order to swell N.A.R.D.'s numbers. We don't think it is proper for the N.A.R.D. to deprive the pharmacy proprietor or the employed pharmacist of the right of individual decision in the matters of which I speak. Nor do I think that the pharmacy proprietor or the employed pharmacist should allow himself to be deprived by anybody or by any organization of that right of individual decision.

It is easy to become confused and to think contrary to the elements of freedom and the ideals that determined the creation of America.

We must be of the mind to confront challenges with the spirit of the pioneers of America. They were dreamers of action and unafraid of tomorrow. Hardships they took in stride with magnificent fortitude. They were builders. From the achievements of the pioneers evolved the greatest nation in the history of the world.

In this great country there are some things that are just plain American. To me the independent pharmacist—the drug store is a part of the heritage of America. Every town reserves a site for a church and a school.

Aware that pharmacy has entered a new horizon and will continue to change in the future—you must prepare yourself and your pharmacy to meet this never ending challenge to your profession, as a service to public health. Your efforts, usually quiet and unobtrusive, befit the seriousness of your professional responsibility and your contribution will live on in the years to come, resulting in a better and longer life for the public you are dedicated to serve.

Moderator Ogrinz then introduced Dr. Apple.

Dr. William S. Apple, Executive Director
American Pharmaceutical Association

I am pleased to be with you again, and to have been asked to take part in this program. My duties require me to travel a great deal, as you know, and to attend many, many meetings—local, state and national. I want you to know that the program you have arranged for this four-day meeting is among the best I have seen. It shows the progress that can be made when pharmacists view their meetings not as trade shows but as opportunities for professional improvement. I commend you on your program, and on the planning that went into it.

It is my pleasure to bring to you the greetings and best wishes of the officers and members of your national professional society, the American Pharmaceutical Association. President Robert Gillespie especially wanted to be remembered to you, as does his successor in office, Curt Nottingham, who spoke with you at your 1962 meeting at Galen Hall. I join both of these gentlemen in inviting you to attend the 111th annual meeting of the AphA. It will be held in New York City from August 2 to 7, and will be one of the most interesting and informative meetings we have ever had. They tell me that there is something called a World's Fair going on at the same time, but we needn't worry about that. The APhA is used to competition.

Just a week ago today I was attending a session of the House of Delegates of the American Medical Association. The session was proceeding normally that morning in San Francisco when Speaker Dr. Milford Rouse announced that he would read a dispatch from United Press-International. It was the Washington report that the Ways and Means Committee of the U. S. House of Representatives had killed medicare for this year by deferring it for further study.

Applause and cheers broke over the AMA meeting for several minutes before a lone delegate was recognized by the speaker. In an impassioned voice, the delegate reminded the physicians that Congress consists of a Senate as well as a House, and that the last tight squeeze on medicare was won by only four Senate votes.

The delegate, who in this instance is not only a physician but also a Congressman—Representative Durward G. Hall of Missouri—warned American medicine to remain active as well as alert. Do not be lulled into false security by the winning of a single battle victory, he said; the war, after all, goes on.

What Doctor Hall did not say, but what we must all understand, is that the war against socialized medicine is not going to be won with words. If our health care team, and the private insurance industry, cannot provide the quality of medical care the public wants, at a cost the public believes is justified, then the Congress will do it for us. If we don't solve the problems of health care today, then Uncle Sam will. And, he has a herd of federal servants eager to administer it. The solving of the many problems and disparities of health care today will take the combined efforts of all facets of private enterprise, but more importantly, of independent professional men like ourselves.

There was much for us pharmacists to learn from the AMA meeting. Monetary reward, economic well-being, these are of interest to physicians as well as us pharmacists. Seldom has it been said as simply, as powerfully as it was at the AMA meeting. Speaking on "The Patient As A Person," Rabbi Abraham Joshua Heschel called on the 15,000 physicians present to treat the whole patient, including his wallet. Let me share with you just a few of Rabbi Heschel's thoughts:

"In our acquisitive society, the ambition to get rich is generally regarded as a most respectable trait. However, there are some callings where such an ambition is a dangerous impediment, among these I would include ministers, teachers, lawyers and physicians." (And here, I would insert the word "pharmacists").

"Acquisitiveness is an insidious disease," continued the Rabbi, "among its effects are hardening of the arteries of love and understanding, perversion of one's sense of value. It poisons every vocation in our society including those in which sensitivity to suffering humanity, or dedication to the exercise of law and justice, should be paramount.

"The flesh is weak, temptations are strong. But the sign of intelligence is the capacity to delay the satisfaction of desire and above all to exercise preference, to make an option, when the integrity of one's vocation is in danger of being corrupted.

"Striving for personal success," the Rabbi declared, "is a legitimate and wholesome ingredient of the person. The danger begins when personal success becomes a way of thinking, the supreme standard of all values." We can well afford to keep Rabbi Heschel's pleas for self-restraint and recognition of the patient's economic welfare in mind as we discuss our own problems.

We health professionals must be concerned with the economics of our professional service. For 112 years the APhA has held that pharmacy has a responsibility to be as concerned about the economics of providing pharmaceutical service as it is about the services themselves. This is why APhA is giving so much attention to prepaid prescription service plans. This is why we are advocating the professional fee as the logical way for pharmacists to be remunerated.

All of us like to recall the good old days of only a decade ago when five or ten dollars profit on a single prescription was not unusual. A 40 or 50 per cent markup seemed such a comfortable way of doing business. But how many of us bother to recall the 50 cent, 75 cent and one dollar prescriptions on which we suffered a net loss notwthstanding the magic markup. When the public discovered that pharmacists were making five or ten dollars profit on a single prescription, our protestations that ". . . but we're not even breaking even on these others . . ." fell on deaf ears.

By using the professional fee, the pharmacist compensates himself for each and every prescription order dispensed. Furthermore, he removes himself from the irrational position of having to defend the profit on one prescription order because of the loss on five others. The burden of his total compensation is shifted from the patient who requires the more costly ingredients to all who enjoy the benefits of pharmaceutical service.

Some pharmacists say they are disillusioned with the professional fee because the discounter can also discount the professional fee. What they fail to understand is that the professional fee was never intended as a gimmick to eliminate price competition. Its purpose is to identify to the public what they are paying for pharmaceutical service.

Pharmaceutical manufacturers are not ashamed to tell the public about the value of the ingredients that go into a prescription. Isn't it time we started telling the public about the value of the professional service that goes into every dispensed prescription? The $2.50 or $3.00 you need to pay for the pharmacist's time and the expense of carrying an inventory, delivery and charge service, taxes and a modest return on risk capital are justifiable and can bear the scrutiny of any Congressional investigating committee. Why are we so reluctant to discuss this with the public? What are we afraid of?

Among the progressive programs outlined by the AMA in San Francisco was a continuing education project geared to the electronic age. It is no short course in this or that aspect of some specialty, but a true opportunity for a lifetime of learning. Then there was the report on medical care and the economics of a physician's practice, done by the Commission on the Cost of Medical Care. It was my privilege to serve as a consultant on the Commission. Also recommended was a project whereby teletype machines would be installed in the offices of the state and local medical societies throughout the country, so as to better exchange information and better mobilize the medical manpower of this country.

In his final speech to the House as President, Dr. Edward Annis appealed for an increase in AMA dues. He suggested that over the next few years the dues be raised from $45 to $100. His suggestion will be considered by the House at its next meeting in December. Meanwhile, physicians will keep asking the AMA to do more and more. Unlike many pharmacists, they realize that if their organization is to progress, it needs more than token support. Many of our state pharmaceutical associations, for example, receive a pittance, and yet are asked to perform the impossible.

Your national professional society, the American Pharmaceutical Association, seeks not only to meet the needs of pharmacists, but to anticipate them. That is why PHhA provides a self-help community public relations program for every pharmacist who wants to inform the public about his profession. That is why APhA has published materials and aids showing how pharmacists can render pharmaceutical service to nursing homes and small hospitals, why we have published how-to-do-it articles on new professional services you can render—the same kind of services you heard about here at yesterday's panel. That is why APhA urges you to install a family prescription record system, why the APhA has proposed the reclassification of drugs into four classes so that you can better protect the public health and make fuller use of your professional knowledge—the kind of knowledge that physicians want of you.

And here I want to commend President Cooley for the panel he has assembled to discuss drug reclassification with you. These men are not only officers of the APhA, the NARD, and a state board of pharmacy, they are thinking, dedicated pharmacists. Some months ago, President Gillespie asked all state associations to place the subject of drug reclassification on their agendas for discussion. I am sure that after today's panel, you will be ready to express by resolution the stand your association should take on this issue.

The APhA has only one goal. It is to help you be a professional success. Now there is an area of effort where APhA has let another have the leadership. It is logical and sensible that it be that way, and the pharmacists of this country want it that way. I am talking about fair trade, or more recently, quality stabilization. For at least 30 years, pharmacy has looked to and depended upon the NARD to spearhead and be responsible for quality stabilization. It would be foolish for pharmacists to divide leadership for quality stabilization between the APhA and the NARD. Drug store owners have demanded that an effort be made year after year to achieve quality stabilization, and the NARD as the organization responsible for achieving this type of legislation deserves their support.

Willard's fighting statement after his defeat by the Commerce Committee of the U. S. Senate last month, shows that he deserves the faith the drug store owners who make up his organization have placed in him. NARD has sworn to continue its battle against opposition that ranges up through and including the President of the United States. As NARD has rightfully said, next November's elections could well decide the future of Q. S.

This struggle for Q. S. over the past 30 years clearly shows the value of specialty organizations and specialty efforts in pharmacy. While APhA continues its century-old tradition of developing new professional opportunities for pharmacists as community health experts, the specialty organizations thus have the time and backing to develop specialty interests.

Don't ever let anyone tell you that APhA is interested in eliminating these specialty groups. Far from it, for she would be denying her own kin, the APhA being the mother of all pharmacy organizations as we know them. The APhA is interested in coordinating the efforts of specialty organizations and in helping pharmacy's organizations save time, men and funds by avoiding needless duplication of efforts.

The work of the American Medical Association this year to show that the public does not need or want medicare was not the work of the two or three paid AMA lobbyists in Washington. A lobbyist, after all, need not even be a physician or a pharmacist, to represent a group. He is a professional for hire.

Do not misunderstand me, some do a good solid job, but the real influencers, the most effective "lobbyists" are those unpaid, unregistered, but well informed individual constituents back home in their own examining rooms and their own pharmacies. These are the men who can explain the all important "why" and "how" to their elected representatives. After all, a lobbyist can only talk to a Congressman after he gets to Washington. It is the doctor and pharmacist back home who does or does not send the Congressman there. For more ways for you to increase your individual strength in the political area, I urge you to read the several articles in the July issue of the APhA Journal. They will give you much direction for your own political activity as a pharmacist.

In the last two and one-half years, we have seen a major organizational breakthrough in American pharmacy. I dare say there has been nothing like it since World War I. I am talking about the formal affiliation of state pharmaceutical associations with your national professional society, the APhA. And, within those states, the long-needed unifying of local associations with the state.

Speaking of local associations, it is hard for pharmacists to understand why some state association leaders are against a unified national-state structure, but are silent about the national-local arrangements that the NARD has had for so many years. State supporters complain that such confidential arrangements weaken the state authority. State association leaders are beginning to realize that unless the local units are an integral and affiliate part of the state association, that the state can accomplish little real influence.

All state organizations can benefit from the experience of the Michigan State Pharmaceutical Association. Let me relate this experience as Michigan pharmacists heard it a week ago when Robert C. Johnson, their Executive Secretary, presented his annual report:

"Prior to affiliation we had twenty-five (local) organizations listed on our roster. There was no interrelationship between these associations, no coordination of activities, no relationship with the state association. If anything, there was in some respect at least, only contempt for one another and in many instances for the state association as well.

"Certainly one of the most phenomenal successes of the affiliation movement was the total realization of local association unification with the MSPA and APhA.

"This to me, is one of the outstanding success stories of the entire affiliation undertaking. It stands as a symbol to those who cast doubt and doom, for it was at the local level that affiliation was predicted to fail—it vividly demonstrates how wrong the opponents of affiliation were.

"Today, instead of a multitude of loosely-knit disorganized and uncoordinated local organizations, we have a solid network of local units conducting their affairs, more actively, more professionally motivated and with a greater sense of direction than ever before existed in this state.

"Without exception, every local association has increased its membership since accepting affiliation. With but a few exceptions every local organization has also greatly increased its membership participation and, as a result, its activities. And, has any local association lost its autonomy? You know as well as I the answer is a resounding No, nor has MSPA lost any of its autonomy to APhA."

As you know from all of the publicity before and after the event, the Indiana Pharmaceutical Association voted June 18 to affiliate with the APhA. It thus became the seventh state association to affiliate since February, 1962. Three of the affiliated states are neighbors of yours—Pennsylvania, Delaware and Virginia. The others besides Indiana are Michigan, Wisconsin and Iowa. Delaware, Iowa, Michigan, Virginia and Wisconsin have all completed their affiliation requirements, Virginia having announced at its annual meeting last week that it had fulfilled its self-imposed requirement of 50 per cent APhA-VPhA membership.

In all, 19 state pharmaceutical associations are studying affiliation with the APhA. Maryland, of course, is not among them. Some of the studies are very active, others are only starting. In some cases, it is obvious that the state is not ready for affiliation. Some have internal problems and weaknesses to correct before they could take their places on the national scene, and accept the responsibilities that accompany such stature.

I made a mistake when I said the Indiana association has voted to affiliate with APhA—or the Delaware association has, or Pennysylvania or Virginia. It was not the organization that so voted, it was the pharmacist members of those associations, the pharmacist citizens of those states if you will. Local-state-APhA affiliation is what pharmacists want, not what I want, or Gillespie wants, or Nottingham wants. Listen, for example, to what Merritt Skinner, a drug store owner, said two weeks ago when he stepped down from the presidency of the Indiana association:

"I am confident, that in due course of time, our Association will accomplish an affiliation with the APhA, not because other state pharmaceutical associations have successfully completed the action, not because the Board of Directors favors it, not because your President suggests it, but because a majority of pharmacists want it."

There's at least one answer to those who say affiliation is dictatorship. It's a strange dictatorship where free and independent pharmacists vote two to one in favor of affiliation, as they did in an Indiana advisory referendum last winter.

Now there has been much said the past several years about the image of pharmacy. I don't know which we do the most—talk about it or make surveys of it. Some believe our image is fuzzy, if not tarnished. Others tend to be impressed with surveys that show the public wants pharmacy just the way it is today. The public probably said the same thing in 1900, and in 1852.

Let's not delude ourselves. We know that the public has to take pharmacy the way it finds it. This does not mean, however, that the public of tomorrow will necessarily accept pharmacy as it is today. There was, for example, an article not too many weeks ago in the Sunday **Washington Post.** Copies of this article were distributed to you earlier, I believe. You will notice that the editors selected what they thought was a most dramatic photograph to illustrate the article. As the caption points out, it is a mother and daughter engrossed in a "couple of slot machines in a Southern Maryland drugstore . . . "

The image that the photo and caption creates probably will never show up in a survey. But who is to say that it has not been planted in the minds of hundreds of thousands of readers of the Sunday, May 10, **Washington Post,** including the representatives and senators who reside in Washington.

It is strange that the Maryland local and state associations have been silent on this example. There are some things a local and state association can do more effectively than any national association—and this is certainly an example. It may well be that it is legal—until July 1, 1965, that is—for Maryland drug stores to have slot machines, but it certainly is not ethical at any time. The silence may have been caused by a desire to play it safe,to avoid committing yourselves.

An incredible example of this desire not to get involved was in a resolution I saw the other day. It had been passed by a local pharmaceutical association here in Maryland, passed without even one dissenting vote. Here is what it said:

"BE IT RESOLVED, that the Maryland Pharmaceutical Association dedicate itself to maintain a friendly impartial relationship with all local, state and national organizations,

"BE IT FURTHERED RESOLVED, that the Maryland Pharmaceutical Association refrain from becoming involved in controveries that tend to confuse the issues and divide Pharmacy."

It is hard to believe that here in America in 1964 there could be such an example of naive escapism. It is hard to believe that grown men—men who personally got "involved in controversies" with the Nazis in World War II, the Chinese in the Korean War, and even the Huns in World War I—that men like that could actually send such a resolution to this body for your consideration. Such a resolution tells me that there are pharmacists who have quit the fight for their profession, that there are pharmacists who want all the edges rounded off of pharmacy's critical issues, that there are pharmacists who want to use their voices not to bellow out votes for or against an issue, but to whimper for peace at any cost.

Thank God, such men are few. Listen to the brave letter I got the other day:

Dear Sir:

"This is from an unemployed pharmacist. I was transferred from an ethical store to a discount prescription department run by the same company— .... I was so professionally sick to my stomach, I walked out.

If we are to prove pharmacy is a profession, we must do something to rid our profession of these discount operations run by bazaar merchants who think a prescription is nothing more than shampoo, bird gravel or beach balls. And all should be sold equally. I refused to work for them and I hope more pharmacists will think more of their profession and of the few dollars passing by.

"Enclosed are my dues for the year to help fight the discounters at the national level and I hope I can do more at the local level."

Professional people are supposed to be unafraid to stand up for principles, to support programs which may differ from their present practices but which they feel will advance the profession. APhA does not consider a pharmacist a hypocrite because he supports professionalism, but sells sundries in practice. If only those who qualified for sainthood believed, then the churches and synagogues of this country would be empty. APhA welcomes to membership every pharmacist who is interested in improving his profession, who is willing to contribute to its future as a profession.

I had the pleasure not too long ago of processing a paid-up life membership in APhA for Simon Solomon. He had reached his fortieth year of supporting his national professional society. You who are his colleagues know better than I Simon Solomon's contributions to Maryland and American pharmacy.

Since I was elected Executive Director of the APhA five years ago, Mr. Solomon and I have had several chances to discuss issues in pharmacy. We have not seen eye to eye on several of them. By visit, letter and phone, he has told us where he disagrees with us, and he has explained why. What's more, he tries to sell us on his view.

Furthermore, he uses the postman and the telephone to tell us when he agrees with us. A few weeks ago, for example, he commended us for joining in the creation of a hospital study commission. He obviously appreciates the fact that taking an adamant position of opposition doesn't mean the problem will go away.

Now to my knowledge, Simon Solomon has never once in 40 years threatened to quit APhA. I don't know where he stands on affiliation—and it is strange that we haven't had a chance to discuss that subject—but I feel pretty sure that regardless of his personal position, he would not drop his membership in any pharmacy organization just because the majority of his associates voted differently from him.

This Saturday, we Americans will be celebrating a declaration not just 188 years old, but as old as man himself. It is a declaration of belief that can lift men from mud huts, and toss others from thrones. It is a declaration from which we Americans have gone on to form a more perfect union—notice not a perfect union, but a more perfect union, since man is incapable of achieving perfection. Now independent American pharmacy, like the country itself, has changed much over these years together. The signs of the future, however, indicate that these changes will be as nothing compared to that to come.

As one of the handmaidens of science, pharmacy stands with medicine and the other health professions on the threshold of the 21st Century. In 36 times 12 months, the year 2,000 will be with us. Will you be ready for it? Will you practice pharmacy then as you do now? Will the education pharmacy now requires be sufficient for practice in 2,000?

Will, will, will . . . the questions are endless. I don't know the answers, Willard doesn't know the answers, you don't know the answers. But we should all know this—and I ask you to mark it well—the future of independent, American pharmacy is going to be found only in its development as a full-time health profession. That is a destiny I pray we can all fulfill.

Thank you.

After a discussion period, Moderator Ogrinz thanked the two speakers for providing a stimulating and illuminating program. He turned the chair back to Chairman Weiner.

Following a recess, Chairman Weiner introduced Wilbur E. Powers, Secretary, National Pharmaceutical Council, who introduced the panelists for the presentation "Is Reclassification of Drugs Necessary?"

The panelists were:

Calvin Berger, Chairman of House of Delegates, American Pharmaceutical Association, Member of New York Board of Pharmacy.

Leonard Rosenstein, Chairman of the Board of Trustees, New Jersey Pharmaceutical Association, and Vice-President of the N.A.R.D.

David J. Krigstein, Secretary, Delaware State Board of Pharmacy.

PANEL PRESENTATION
"IS RECLASSIFICATION OF DRUGS NECESSARY?"

Calvin Berger
Chairman of House of Delegates,
American Pharmaceutical Association,
Member of New York Board of Pharmacy

Lest there be the slightest misunderstanding, let me immediately answer the title question of our panel. The answer to the question is yes, absolutely yes. The reclassification of drugs is necessary. I say yes for three personal reasons—for myself as a member of the Board of Pharmacy of the State of New York, as Chairman of the House of Delegates of the American Pharmaceutical Association, and—most importantly—as a community pharmacist in the City of New York. In all three capacities, I believe the reclassification of drugs is necessary.

Now, having made this declaration, I would like to share with you the evidence that I believe warrants such action by the profession. First, it is the function and responsibility of the profession of pharmacy to provide the most effective and safe distribution of all medications and therapeutic devices to the public, and to provide professional counsel on public health matters, particularly the proper use of drugs.

Second, this function and responsibility is as true of our profession today in the space age as it was in the age of the cart and the hoe.

Our duty, our mission, then, is clear; it is the circumstances that we face in carrying it out that present a challenge to pharmacy and pharmacists. In addition to those individuals and groups who would oppose safe and sane distribution of drugs and preparations for financial or organizational reasons, we are faced with a public that is uninformed, indifferent, and skeptical of pharmacy's motive.

Your own State of Maryland has been one of that enlightened group of States seeking over the past many years to make safer the distribution of drugs and preparations. Our host State, New Jersey, is well known to us all for its legislative efforts to give proper professional direction and control in drug distribution.

In its repeated testimony and appearances before Congressional committees, and in its supplying of information to individual Congressmen and Federal agencies on request, the American Pharmaceutical Association has brought constant attention to these State efforts. The APhA, as the national society of pharmacists, has synthesized these often diverse efforts into the profession's present proposal for the reclassification of drugs. Even at the time of the Durham-Humphrey Amendment, the APhA was not satisfied with the resulting classification of drugs. It has always found especially unsatisfactory those aspects which stripped the pharmacist of some of his professional prerogatives—his renewal discretion, for example.

It was my privilege, as an APhA elected officer, to first bring to the attention of the Congress of the United States the need, as we see it, for the reclassification of drugs. It will be a year ago next month that I appeared before the Subcommittee on Health of the Committee on Labor and Public Welfare of the U. S. Senate. My purpose was to bring to the attention of the Senate the pharmacist's professional and legal responsibility for advising patients—where appropriate—as to the contents, therapeutic values, hazards and use of the drugs and therapeutic devices they purchase or use without having visited a physician.

We noted that it is unrealistic to assume that a physician will be, or ought to be, consulted on minor everyday ailments. We all know that today there is self-treatment and self-medication. This self-treatment presents several problems. There is the problem of assisting the layman to recognize limitations upon his competency in self-medication, as well as the risks involved. There is the problem of the layman selecting drugs for self-medication which are both effective and safe for his temporary use. A third problem area, one of economics and consumer protection, involves assisting the patient to obtain maximum dollar value in his purchase of drugs, vitamins, therapeutic devices, and related health needs.

These are a few of the points that we brought to the Senate's attention. This is how the profession of pharmacy and the pharmacists of America expressed their alarm about public self-medication and questionable drug distribution patterns. All pharmacists can take pride in the fact that after our testimony Senator Lister Hill, the Subcommittee Chairman, said that it was the best presentation he had ever heard for pharmacists.

Now, the 1951 Durham-Humphrey Amendment to the Food, Drug, and Cosmetic Act in effect resulted in the establishment of two legal categories of marketable drugs in the U. S. The first is that group of drugs that must be prescribed by a duly authorized practitioner. The second category consists of those drugs which the individual citizen may employ for self-treatment. Some of these drugs are commonly called proprietary preparations, others are commonly called O-T-C.

The fact that potent drugs are available through proprietary and O-T-C preparations in an era of intensive, instant mass merchandising should give us all great concern.

It is obvious that all drugs cannot be placed on prescription-order-only status. Any effort to make all drugs available only upon prescription-order would be unwise, unworkable and unnecessary. History itself shows us that self-diagnosis and self-medication are integral and necessary parts of civilized life. Reputable proprietary preparations exist as an essential part of medical care, and they are temporarily used by some individuals to maintain themselves in their usual condition of health.

Entirely aside from mental and physical benefit, such remedies prevent available health resources from being swamped by patients with real or imaginary symptoms which may not require attention by a medical practitioner. But it must be understood that these same remedies when used indiscriminately can result in people ignoring symptoms which require prompt attention by a medical practitioner.

It follows that as long as there is self-medication, there will be an industry that will manufacture agents for such use. In America, that industry is the proprietary drug manufacturers. It is to the credit of that industry that its members have sought to improve their products and have shown serious concern about the claims made for the products. These manufacturers have also sought to attain the widest possible distribution of their products. To expect them to do otherwise would certainly be asking them not to function best under our economic system. In this regard, the profession of pharmacy does not quarrel with the proprietary drug industry for what it has done in the American business tradition; nor do we believe the industry would quarrel with us for voicing the conscience and concern of our profession.

Likewise, let me make it clear that while industry may oppose all or some of the profession's reclassification efforts, we must pursue our objective relentlessly.

We all know that manufacturers pursue programs and policies of distribution more to serve their own interest than that of the profession. Only last Sunday I was talking with Bill Apple and we discussed the many letters that he has received from pharmacists around the country reporting direct promotions to physicians by manufacturers, which, of course, encourages physician dispensing.

The question for the profession is not whether we should have a reclassification of drugs. It is how and when will the public be protected by this sorely-needed updating of the law. Opposition by those whose prime motive is mere product distribution should add fire to our efforts.

We all know that there are times when patients innocently jeopardize their health or life by taking proprietary preparations that are incompatible with the prescription medication which has been ordered by their physician. By having a personal pharmacist, and obtaining all drugs including proprietary preparations from him, the lay person can avoid this hazard.

It always shocks people to realize how much self-medicating they do. Much has been made in recent years about the expenditure for prescribed drugs—approximately $2.4 billion in 1962. But estimates indicate that expenditures for self-medicating preparations far exceed this amount. Additionally, it is estimated that the public is spending approximately $1 billion annually on fads and quack drug preparations which are either worthless or actually harmful. Until the public has a better understanding of the difference between prescribed drugs and proprietary preparations, and between proprietary preparations and nostrums, they will continue to waste their money and needlessly risk their health.

It is a fact that the individual pharmacist in dispensing proprietary preparations can be instrumental in reducing the risk of harm. We believe the best way to prevent liability is to reduce unnecessary exposure to it.

Pharmacists throughout the country are endeavoring to serve as health consultants to the public at the point of purchase of a proprietary preparation. Proprietary manufacturers, for economic reasons, have opposed this safeguard because they see it—and any State regulation requiring it—as hampering the unlimited distribution of their products.

Certain drug store owners view requiring the distribution of proprietary preparations through pharmacists as an economic disadvantage, for certainly professional counseling of the patient will take the time of the pharmacist. This, however, is a contribution the profession feels it should and must make in the public interest. We do it in our pharmacy, many of you do it in yours.

Sidney Waller, representing the NARD, recently spoke at the Minnesota State Pharmaceutical Association meeting about our reclassification proposal. Mr. Waller's remarks were given wide publicity. Having attended the APhA Council - NARD Executive Committee meeting of November 12, 1963, at which many of the same questions arose, I am sure that Mr. Waller knows many of the answers. In his own way, Mr. Waller made a contribution by raising the questions so that you would recognize that this is a complex subject. We hope pharmacists everywhere will give serious thought to every aspect of the reclassification proposal. It deserves it because it is a professional matter.

The APhA has sought to assist you and the other states to encourage your individual members to discuss reclassification. We have sent each state a model resolution on reclassification that deserves the attention of all thinking pharmacists. Every local association in Maryland should use the model resolution as a starting point for their discussion of reclassification. Nate Gruz will be glad to supply any of you with copies of the APhA resolution.

Once, when all drugs including proprietary preparations were routinely distributed through pharmacies only, the public had the opportunity to talk with a health professional, the pharmacist. Today, with mass distribution and self-service from product gondolas, this is not possible. Wrapping counter fixtures and merchandising techniques are designed to encourage self-selection and to discourage opportunity for professional counseling.

The layman needs to be taught to recognize the approximate boundaries of his own therapeutic competence, and the dangers inherent in attempting to exceed them. He cannot do this entirely on his own. The consumer must be provided with that degree of professional supervision and guidance in self-medication that will mean he will wisely and safely use the proprietary preparations available to him.

It was with this objective that the APhA brought to the attention of the "Fountain Committee" the four classes of drugs which would result from the APhA reclassification proposal. This was done by Dr. Apple this Spring when he was asked—along with the AMA and the FDA—to discuss drug safety at hearings of the Intergovernmental Relations Subcommittee of the House of Representatives. The four classes envisioned under the APhA proposal are:

1. To be dispensed on prescription order and renewable at the prescriber's discretion only;
2. To be initially dispensed on prescription order only, but renewable at the pharmacist's discretion;
3. To be dispensed personally by the pharmacist at the request of the patient; and
4. To be directly available to the public without professional direction or control.

Is there a precedent for such action? We have but to look at the report of a study group of the World Health Organization. In 1956 that study group stressed that no drug should be made available to the public without professional supervision. Since that time, as I cited earlier, there have been efforts of the individual States to protect their citizens through safe and sane distribution of drugs.

What has been the profession's reaction to the APhA proposal? Our panel today is one indication of the interest. The endorsement of the view that drugs should be available to the public only from the pharmacist, by the Sixth Pan American Congress on Pharmacy and Biochemistry, is another. The National Conference of State Pharmaceutical Association Secretaries, meeting in Chicago last fall immediately prior to the NARD meeting, formally adopted a resolution supporting the same position taken by the APhA. Last May, the Executive Committee of your Association gave APhA its support by resolution. What about our sister profession, medicine? Listen to a few sentences from the full-page editorial that was printed in **Northwest Medicine:**

"The pharmacist of today is not a mere drug clerk but a highly skilled and thoroughly trained professional. If permitted by law to sell a non-legend drug, he expects to give the patient direction, advice and warning. He defers to the physician whenever there is the slightest doubt about need of the patient for medical care. There can be no comparison whatever between his handling of drugs and that of the grocery clerk or the checker at a super market.

"No grocery clerk knows enough to make an estimate of probable consequence of drug use, but the pharmacist does. No grocery clerk or super market employee will be apt to refer a patient needing medical care, but a professional pharmacist will. No untrained or unskilled person can realize that two drugs taken together may be quite incompatible, but the pharmacist knows. He has dedicated his life to knowing.

"The proposal offered by APhA has much merit. It should be well supported by the medical profession."

Just last month, confirmation of the logic of APhA's position came again when **American Druggist** magazine, in a major survey, reported that ". . . 70 per cent of board leaders and 73 per cent of state association leaders approve APhA proposal to set up a class of prescription drugs for which pharmacists may refill prescriptions at ther own discretion."

Let me read just a few sentences from the June 8 article:

"Relatively dormant for more than a decade, the issue of the pharmacist's privilege with respect to Rx refills has been brought strongly to the fore in recent months by the APhA." The article then says APhA seeks "a 4-way federal reclassification of all drugs which would create two classes of prescription drugs—those refillable at the prescriber's discretion only . . . and those refillable at the pharmacist's discretion . . ." and further ". . . APhA has set its sights on winning back for pharmacists a measure of the discretionary authority they lost when the Durham-Humphrey law was enacted. . . . "

Those are just a few of the points made in the article. I'm sure it is obvious to everyone that the man who sponsored the law mentioned—Congressman Durham—would not have accepted the APhA appointment as our special legislative advisor if he didn't believe that the reclassification project is in the public interest. Nor would food and drug legislation expert Michael Markel have agreed to serve as special legal counsel to the APhA for the reclassification project.

In conclusion, I would like to present this thought for your consideration:

We are all familiar with our country's programs and plans for the future. There is, for example, the U. S. moon project; there is the war on poverty; there is our continued defense of the free world. These are programs and projects that most Americans endorse and support, no matter what their political affiliation.

It seems to me that there is an analogy here for us pharmacists in the matter of drug reclassification. It is this, and I will put it in the form of a question: Is the way drugs are distributed today in the best interest of the public? If the answer is yes, then we need only maintain our present pharmacy programs. If the answer is no, then we will make a useful contribution to the public health and the profession by studying the subject of drug reclassification.

Obviously, the profession's legal talent is going to have to give serious consideration to any legislative proposals necessary for reclassification. Obviously, economic studies of the cost of medical care in the application of reclassification will be useful. Obviously, the medical profession will be interested in its possible effects on the physician-patient-pharmacist relationship. Obviously, the prescription drug industry and the proprietary manufacturers will be interested in what it would do to sales. Obviously, the profession is going to have to consider the effects of such a proposal on the profession itself.

Neither the APhA nor the NARD—nor any organization in or out of American pharmacy—has all of the answers to these considerations. Other questions will develop as we move ahead. The point, however, is: Do we want to improve the present drug distribution system to assure safe and sensible use of drugs? I can tell you this from my own experience: If the program we finally arrive at is in the public health interest—and it will be—then we stand every opportunity for success in our efforts.

Thank you.

LEONARD ROSENSTEIN

Chairman of the Board of Trustees, New Jersey Pharmaceutical Association, and Vice President of the N.A.R.D.

Mr. Rosenstein reviewed the long legislative history of the New Jersey Pharmaceutical Association in seeking to obtain legislation setting up a category of drugs which would be available only personally from a pharmacist.

A thoroughly organized campaign was conducted directed to pharmacists, legislators and the general public, but was unsuccessful in overcoming the propaganda and efforts of the Proprietary Association.

The New Jersey Pharmaceutical Association plans to revise their legislative proposals and to develop legislation to protect the public from distribution of drugs without the safeguards of professional control.

DAVID J. KRIGSTEIN

Secretary, Delaware State Board of Pharmacy

In 1951, the Durham Humphrey Amendment to the Federal Food, Drug and Cosmetic Act established the "prescription legend" provision with which we are all now familiar. Prior to that amendment, manufacturers decided for themselves whether a particular drug would be distributed on a prescription order status or as OTC or as proprietary products. Renewal procedures were particularly bothersome and confused prior to the Durham Humphrey Amendment and it was the renewal aspect which was, in large part, the motivating force in the discussions of that time.

The Durham Humphrey law established two classifications of non-narcotic drugs, 1) prescription legend which must be labeled "Caution: Federal Law prohibits dispensing without prescription" and 2) non-prescription legend, it also prohibits manufacturers from placing a prescription only distribution direction on the label of other drugs. There is no legal status for OTC's under the Federal Law which requires OTC's to be distributed through pharmacies.

We did, in fact, at one time have a class of drugs distributed by pharmacists only. Manufacturers who had been distributing some preparations as prescription medication prior to Durham Humphrey did not wish to offend medical practitioners who had been prescribing their products. Under the amended law, they could not place a prescription only-direction on the label nor did they want to place the product in every proprietary outlet. Thus the pharmacist only OTC class of drugs was created by the manufacturers' own distribution policies. These OTC's or ethicals were promoted only to the pharmaceutical and medical professions.

In practical effect, then, we had three classes of drugs; prescription legend drugs under the Durham Humphrey Law, OTC's which manufacturers chose to distribute and promote only to professional areas, and proprietaries which were quite freely available and promoted widely to the public. The proprietary interests argued that pharmacists and the public were well protected under this system and it may well be that this was true in 1951. A factor which is quite significant here is the rapid change to mass merchandising and self service which we have experienced since that date. Before these modern merchandising concepts caught on with supermarkets, pharmacies and other outlets, personal service was the rule and most products were distributed under the supervision of a pharmacist. Supermarkets and other non-pharmacy operations were not significant outlets for the wide variety of drugs which we find everywhere today.

Furthermore, there was a fairly definite dichotomy in drug manufacturers 15 years ago. Prescription drug manufacturers distributed prescription legend drugs and "ethicals" or OTC's and proprietary manufacturers distributed those drugs and household items widely promoted to the public. There was little overlapping. The corporate structures have all but obliterated any such distinction today. One corporate complex may have one subsidiary whose name appears on the prescription legend medicinals, another subsidiary whose name appears on the OTC label, and a third subsidiary whose name appears on the proprietaries.

In the current situation, we find that manufacturers have been forced in many cases to permit drugs to be sold in unsupervised outlets because such outlets could legally carry their items. Some products were finding their way into nonpharmacy outlets through diversion and clandestine arrangements. Secondly, mass merchandising and self-service and by comparison gigantic merchandising establishments in the food, drug and even soft goods lines have become a way of life for most Americans. OTC's which once had the benefit of supervised distribution now find their way to the public without the necessary safeguard of professional counsel. In addition, the products for auto-therapy are more potent and have greater capacity for harm and misuse than preparations for self-medication of several years ago.

The intention of the manufacturers was to keep certain products exclusively in pharmacies so that purchasers could have the benefit of professional services of a pharmacist, but this intention, if it still exists, is no longer adequate to protect the public. Reliance on the manufacturer's distribution pattern to protect public safety is to reside in the past history of pharmaceutical distribution. Such controlled distribution has utterly collapsed, yet, there is even more reason to require such professional guidance and supervision in the use of many contemporary self-medication products. Some states have attempted to make-up for this inadequacy in the federal law through state legislation which in the main, has been wholly inadequate or unsuccessful. Where legislation has been provided, the enforcement task is great and frequently overwhelming, and the manufacturers keep initiating legal action against such state legislation as an unreasonable burden upon interstate commerce. We must recognize that such state legislation has not always been easy to comply with by either the manufacturer or the pharmacist.

We pharmacists have been discussing drug distribution for years; meanwhile, the public safety is ignored and unsafe distribution patterns become firmly entrenched. The public attitude on the use of drugs has changed to one of deep concern. More progress has been made in the last 10 years in food, drug and pharmacy laws to protect the public health in the utilization of drugs safely and effectively than has been made in the whole history of food and drug law; and, we as pharmacists are still discussing drug distribution.

Where does all this place those of us who are interested in safe and effective use of all drugs? Out of all of this discussion within the profession, APhA has taken an active interest and assisted states in mustering support and materials drafting legislation, and other aspects of the problem but has not allowed the subject to drop there. In repeated testimony before Congressional Committees, APhA has continued to highlight the medicinal distribution problem. The APhA proposal on reclassification of drugs is the follow-up and the pronouncement that now is the time to tackle this nationwide problem with definitive action.

APhA's reclassification proposal is an important step forward for the profession of pharmacy and represents the blueprint for the distribution of modern therapeutic agents. Discussion of every aspect of reclassification is healthy and should be encouraged by all pharmacists. I would urge you to place the reclassification of drugs proposal on the agenda of every local, city and state organization. APhA has set an objective for pharmacists with its reclassification concept and it is fortunate that not all the details of the program have been crystallized into an inflexible position. It is now time for vigorous discussion of the ramifications and side issues which may arise so that the final draft presented to any congressional committee will truly represent the views of and have the support of practicing pharmacists. As we all know from what has been published, former congressman Carl T. Durham is serving as a legislative adviser to APhA on reclassification and Michael Markel, a noted food and drug attorney, has been retained as special counsel to assist in the technical drafting and other legal problems which may have to be solved.

It is only natural for drug and proprietary manufacturers, food chains, small retailer associations and others to oppose such legislation. A manufacturer's interest would be the widest possible distribution of its products to assure convenient availability to everyone: impulse sales, the result of intensive and expensive advertising efforts—depend on having the product freely available. A pharmacist's role in drug distribution is to assure the safe and effective use of medications so that the public health and safety will receive the maximum protection. This is not always synonymous with convenience.

Let us all understand that success of the APhA reclassification proposal could well reduce the number of dollars the public spends on auto-therapy and thus reduce the gross income figures in some pharmacies and on the balance sheets of some manufacturers. This is always a possibility, but what is the position of the pharmacists to be? That pharmacists are more interested in what the public spends on drugs or that pharmacists are more interested in assuring that drugs will be utilized in a sane, sensible, and supervised manner to prevent misuse and abusive use which could endanger life and health?

As men and as pharmacists, let us recognize each of these points and come to some understanding. Merely because we may have opposition from areas outside of the profession of pharmacy which have different interests and objectives from ours is no reason why we should discard the APhA reclassification project. We have an unmistakable public health responsibility here to the American People, and if pharmacists abdicate this responsibility now, others may attempt to assume it for us, or the government or public may force us into a situation where the profession will have little voice in the outcome.

I have never known of anyone to suffer either professionally or economically because they placed the public interest first. If pharmacists do their job properly, render the necessary services and educate the public as to the need for professional guidance in medicinal use, then the public will gladly remunerate pharmacists fairly. No one expects a physician, a lawyer, a pharmacist, or other professional practitioner to forego all financial gain. The distinction, however, between a business or trade, and the practice of a profession is that the emphasis is on the public welfare and safety.

We pharmacists are presented with an opportunity for enduring public service in the true tradition of the profession of pharmacy through reclassification which we must, individually accept or reject. If we reject it, we may expect to be criticized by the public and others for placing public health and safety in an inferior position to the profit motive. Let pharmacists accept this opportunity for public service and professional fulfillment, willingly and enthusiastically. I am confident that we have the mental, financial, and professional resources to see this program to fruition if each of us is willing to work.

Following a discussion after the panelists' presentation, Moderator Power summed up what had been discussed and turned the chair back to Chairman Weiner.

Chairman Weiner recognized Joseph S. Kaufman, the Association's legal counsel, and Sister Barbara of Seton and Sister Eileen, St. Agnes Hospital, Baltimore.

Chairman Weiner then turned the gavel back to President Cooley.

President Cooley announced that the evening's entertainment would be a professional variety show in the main ballroom followed by the presidential cocktail party.

The Third Session was adjourned at 2:30 P.M. following the drawing for attendance prizes.

FOURTH SESSION

Thursday, July 2

The Fourth and Final Session of the convention was called to order at 10:25 A.M. in Kerry Hall by President Cooley.

Secretary Gruz read the following telegram: "Sincerely sorry I cannot be with you on this occasion - 82nd annual convention - in conjunction with TAMPA and LAMPA. May all of you continue in your unselfish service to mankind. Wishing you good luck and good health on this fine occasion. (signed) Bernard S. Melnicove."

President Cooley recognized the president of the Eastern Shore Pharmaceutical Association, Howard Gordy, and Joseph S. Kaufman, legal counsel for the Association.

President Cooley announced the memorial services for those pharmacists who had passed away since the last convention.

MEMORIAL SERVICES

Samuel Wertheimer began the services with the reading of the 23rd Psalm. Francis S. Balassone followed with the Necrology.

T. ARTHUR CRONIN
ARTHUR HENRY EISE
JAMES DALLAS ERVIN
CARL J. FLOM
BENJAMIN GABOFF
ISAAC GUTTMAN
NATHAN S. HEALY
JOHN A. HOLEWINSKI
HUGH E. HUDSON
JACOB KRAKOWER
WILLIAM J. LOWRY
ANDREW F. LUDWIG
EDWARD C. MAISENHOLDER
CLAUD McCLEERY
GEORGE COLLINS McLARTY
THEODORE T. NIZNIK
JOHN J. PIVEC
MAUDE B. PIQUETT
ISIDORE PRESSMAN
CHARLES ROSSBERG
ROY B. SCHLOSSER
THOMAS S. SMITH
ALONZO LEE STERLING
JOSEPH STIMEK
SAMUEL J. TAMBURO
DONALD E. TEETS
JOHN F. WANNENWETSCH
ARZA G WILLIAMS

Morris R. Yaffe then offered the following memorial prayer:

> Almighty Father, Author of life and death, we are met here at this moment to direct our hearts to Thee and to express our love for those who have been laid to eternal rest. Memories crowd upon us as we recall those who have gone before, who even in death are a benediction unto us. The lesson of our measured years is forcibly brought home to us, and the determination is strengthened within us to hasten the fulfillment of our resolution to live nobly in the spirit of our beloved dead, and to fulfill the obligations which we have accepted from their hands. At this moment, we seek renewal of strength for the struggles of life and increased courage to meet our tasks.
>
> We realize our frailty even as we know that from Thee cometh strength. These silent sentinels call us back to Thee and to the recognition of our duty. They rouse us to do good while our brief day lasts, to bring relief to the distressed, sunshine where darkness now prevails, hope to those in despair and support for every worthy undertaking for human welfare.
>
> With sorrowing hearts, we call to mind at this solemn hour our beloved ones whom death has removed from our midst. We thank Thee for the years which Thou didst grant unto them, years in which they brought help, joy and comfort to many a heart. Thou in Thy love gavest them unto us and Thou in Thy wisdom hast taken them from us.
>
> We think of the time when they still moved among us, shared in our labors and bestowed their love and friendship upon us. Though slumbering in their eternal rest, they live in our hearts as lasting sources of inspiration leading us to good deeds and noble thoughts. In gratitude for all the blessings they brought to us, and to humanity, we dedicate ourselves anew to the sacred tasks they bequeathed unto us. Extend Thy healing balm unto the bereaved and grant eternal rest and peace to the souls which we remember now with tenderness and compassion. Amen.

President Cooley recognized pharmacist Chester G. Kosakowski, a member of the Maryland House of Delegates.

President Cooley called upon Dr. Noel E. Foss for a report on the Resolutions Committee.

REPORT OF RESOLUTIONS COMMITTEE

Dr. Noel E. Foss, Chairman

The Resolutions Committee met and offers the following resolutions.

The resolutions will be read and those without objection will be voted upon at the conclusion. The remainder will be considered individually.

The following resolutions were then adopted upon motion of Dr. Noel E. Foss, duly seconded.

WHEREAS, Maryland, with support from Federal grants, is engaged in community mental health planning to provide for better care of mentally ill within the State, and

WHEREAS, this care will encourage prompt and comprehensive services—including diagnosis, rapid treatment and effective rehabilitation — in Community Mental Health Centers close to patients' homes, utilizing the maximum that is available of community therapeutic and rehabilitative resources, and

WHEREAS, Pharmacy has not been included in community mental health planning as a vitally interested group within the State, and

WHEREAS, Pharmacy is an important part of any local community mental health planning because it can help develop efficient drug distribution and dispensing methods for these Community Mental Health Centers.

THEREFORE, BE IT RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, urges its members and directs the Executive Committee to participate immediately in community mental health planning at local and state levels.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its grief and sense of loss in the death of Dr. John F. Wannenwetsch, for twenty-five years Treasurer of the Maryland Pharmaceutical Association, who over a long period of years was deeply devoted to the aims and purposes of this association and his fellow pharmacists, and who freely gave his services, wise advice, and good counsel to the Association, as well as to our individual members, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to his sister, Miss Hortense Wannenwetsch.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urges that the section on general practice of pharmacy of the American Pharmaceutical Association consider the modification of its programs to reflect the contributions and problems of the average community pharmacist so that its programs will be of more interest and use to the average community pharmacist in the United States, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the American Pharmaceutical Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend the Federal Trade Commission for its activities against false and misleading advertising, including drugs and related products, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the chairman of the Federal Trade Commission.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it strongly urge the repeal of Federal Retail Excise Taxes on toilet preparations, cosmetics, jewelry. and leather goods, since it is an oppressive, excessive and discriminatory tax, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the members of the Maryland Delegation in Congress.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend those manufacturers whose policies make drugs available to community pharmacists on the same terms and conditions to which they are made available to all hospitals and other institutions for medical service, which similarly engage in dispensing prescription medication to the public, and

BE IT FURTHER RESLOVED, that all manufacturers be urged to review their distribution policies to non-profit, tax-exempt institutions to assure that drug purchases and usage are consistent with the terms and conditions of the sale.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it does not believe that it is in the best interest of the patient, the physician or the pharmacist, for the label of a prescription to include the name of the ingredient or ingredients, except for very unusual medical reasons, and

BE IT THEREFORE RESOLVED, that a copy of this resolution be forwarded to the Medical and Chirurgical Faculty of Maryland.

WHEREAS, a number of pharmaceutical manufacturers are employing a "direct selling" policy under which better prices and terms are offered to those pharmacists who can purchase directly from the manufacturer than to those who choose to, or are forced to, purchase the same lines through their drug wholesaler, and,

WHEREAS, those policies work undue hardship on the majority of independent retail pharmacists as well as on their principal sources of supply, the drug wholesalers, and,

WHEREAS, service to the consumer or patient may be unduly delayed or completely disrupted, thereby, to the detriment of the general health and well being of the public,

NOW THEREFORE BE IT RESOLVED, that the Maryland Pharmaceutical Association respectfully requests a re-appraisal of all such policies and a re-evaluation of the impact such policies may have upon the public interest, and that a copy of this resolution be sent to the Pharmaceutical Manufacturers' Association, Federal Wholesale Druggists' Association, National Wholesale Druggists' Association, and the local drug wholesalers.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it condemns the practice of health insurance companies requesting the names of the ingredients of prescriptions to be paid for by their respective health insurance policies, since the professional responsibility of the pharmacist is not to reveal the names of any ingredient of a prescription to any person other than the physician, without his expressed approval, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Association of Health Insurance Companies, to the Insurance Commissioner of the State of Maryland, and to the Medical and Chirurgical Faculty of Maryland, to acquaint them with this unethical practice, and that a copy also be sent to the American Pharmaceutical Association and the National Association of Retail Druggists.

WHEREAS, a serious health hazard is created when legend drugs, including professional samples, become available to the public without professional supervision, and

WHEREAS, the uncontrolled and indiscriminate distribution of professional samples of such drugs increases such hazard,

BE IT RESOLVED, that the Maryland Pharmaceutical Association (1) condemns the illicit distribution of legend drugs in sample form or otherwise, (2) urges manufacturers to exercise adequate controls over the distribution of legend drug samples by professional representatives and by other means, and (3) commends those manufacturers who have adopted programs requiring strict accountability on the part of their professional representatives, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Pharmaceutical Manufacturers' Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commends the National Association of Retail Druggists for its efforts in attempting to obtain approval of the "Quality Stabilization Bill" and that it will continue to support any efforts made in the future to obtain the passage of a similar bill that is so essential to the survival of the independent pharmacist, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to each member of the Maryland Delegation in Congress as evidence of the deep interest of the members of the Maryland Pharmaceutical Association in the basic purposes of the bill, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the National Association of Retail Druggists.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that in view of the health hazards associated with the smoking of tobacco that it urge its members not to promote or advertise cigarettes, as an indication of its continued interest in the public health, and

BE IT FURTHER RESOLVED, that a copy of this resolution be distributed to all members of the Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that its members carefully refrain from selling tobacco products to minors in view of the State law which plainly spells out this limitation, and

BE IT FURTHER RESOLVED, that a copy of this resolution be distributed to all members of the Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urge its members not to promote health preparations that are cited by the Federal Trade Commission as an expression of its continued interest in the safety of the public health, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be distributed to the membership of the Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that appropriate representatives of the Association meet with representatives of the Maryland Association of Hospital Pharmacists to review the practice and problems associated with the distribution of drug products and prescriptions by some hospitals to persons who are not patients of the hospital or may have been discharged from the hospital, and

BE IT FURTHER RESOLVED, that a report of this joint committee be brought to the attention of the Executive Committee of the Maryland Pharmaceutical Association for further consideration and action, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Maryland Association of Hospital Pharmacists and the American Society of Hospital Pharmacists.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it strongly protest the current practice of the Armed Forces of the United States to offer a four months training program for technicians who will later be used by the Armed Forces for the compounding and dispensing of drugs for the personnel in the Armed Forces since the Armed Forces personnel are entitled to the same kind of expert service provided for the distribution of drugs by licensed pharmacists in the several states of the United States, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the appropriate authorities.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its sincere appreciation and thanks to those news media in the state that have been most cooperative and helpful in acquainting the public during the year with Pharmacy's many contributions and services to the public, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the proper officials of these news media.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend Mr. Simon Solomon for his excellent report on "Fair Trade," for his many contributions to the profession of pharmacy and the State Association in the past, and his selection as the first recipient of the Robins Bowl of Hygeia Award for community service, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Solomon, and further distributed as may be appropriate.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it congratulate Mr. Roy Snell of Peoples Drug Stores for having been awarded first prize by the Maryland Pharmaceutical Association and the American Pharmaceutical Association for the best window display among pharmacists during National Pharmacy Week 1963, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Snell.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend Mr. Walter E. Albrecht, ex-officio member of the Executive Committee, and Mr. William A. Cooley, President of the Association, for their special efforts in attempting to correct the inequities for the pharmacist in the Medical Care Program, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Albrecht and Mr. Cooley.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the Secretary be directed to prepare and transmit a suitable resolution of appreciation and thanks to participants of the Atlantic City meeting and to those organizations and contributors who made special contributions to the success of the program and entertainment.

WHEREAS, it is the practice of some pharmaceutical manufacturing companies to promote the initial distribution of their products or preparations by having a pharmacist fill the first prescription for the preparation free and then by means of a coupon, certificate, "script," or some other variation of this insiduous promotion, arrange for the pharmacist to receive two packages of the preparation, or other compensatory merchandise "free" from the manufacturer, and since this distribution system often increases the stock of the pharmacist without providing any real monetary return or profit,

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it condemns this improper method of distribution which is unfair to the pharmacist, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the manufacturers who employ this nefarious method of distribution, and that a copy also be sent to the Pharmaceutical Manufacturers' Association.

WHEREAS, for the best interprofessional relationship between the pharmacist and the physician the distribution of prescription drugs should be through a pharmacy, and

WHEREAS, it has been reported that some pharmaceutical manufacturers are encouraging physicians to dispense oral dosage forms of relatively new birth control preparations and are distributing and billing these preparations directly to the physician, in some instances at a cost less than that available to the community pharmacy,

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it condemns this method of distribution and that a copy of this resolution be forwarded to the home offices of the companies involved, and to the Pharmaceutical Manufacturers' Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its appreciation to the Maryland State Dental Association for the many courtesies it has extended to the Maryland Pharmaceutical Association in fostering better professional relations, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Maryland State Dental Association.

The following resolution previously withheld was presented for discussion:

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it believes it is not in the best interest of the public health or of the respective professions for physicians to own pharmacies, and

BE IT FURTHER RESOLVED, that copies of this resolution be forwarded to the Medical and Chirurgical Faculty of Maryland, and the American Medical Association.

In discussion it was pointed out that the Maryland Pharmacy Law takes care of this problem now. Nationally the issue is being considered jointly by the A.M.A., A.Ph.A. and N.A.R.D.

On motion of Mr. Morgenroth, seconded by Mr. Mask the resolution was tabled.

The following resolution also previously withheld was presented:

WHEREAS, a number of drugs that may be sold over-the-counter may be dangerous to the public health unless the patient is made fully aware of the warnings and cautions that should be specifically called to his attention,

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it favors the establishment of a third class of drugs (o-t-c) that may be sold by pharmacists only, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the appropriate national associations.

Discussion on the matter referred to the need for further details from the national pharmaceutical organizations. On motion of Mr. Goldfeder, duly seconded, the resolution was tabled.

Chairman Foss then read the following resolution which had been withheld for further discussion:

WHEREAS, Maryland Pharmacy is concerned with matters of both a professional and an economic nature, and

WHEREAS, it is the primary function of the Maryland Pharmaceutical Association to serve all facets of Pharmacy in the State as reflected in its diversified membership, and,

WHEREAS, as an Association it is necessary to seek information and guidance from educational, professional, business and law enforcement organizations on a local, state and national level in order to serve the best interest of Maryland Pharmacy,

BE IT RESOLVED, that the Maryland Pharmaceutical Association dedicate itself to maintain a friendly, impartial relationship with all local, state and national organizations, and

BE IT FURTHER RESOLVED, that the Maryland Pharmaceutical Association refrain from becoming involved in controversies that tend to confuse the issues and divide Pharmacy.

Dr. Foss reported: "The Resolutions Committee felt it was in extremely bad taste and should not have been released before it was considered by the Committee and the Association. It concludes that the entire resolution is bad, especially the last two paragraphs which imply that the Association is doing something improper. The Committee does not feel that way, nor do members of the Executive Committee. They feel that problems of this type should be brought to the Executive Committee itself before drawing up the resolution and releasing it to the public, for our consideration".

Chairman Foss moved for the adoption of the Resolutions Committee report which was unfavorable and that the resolution, therefore, not be adopted. Seconded.

Mr. Schnaper moved that the motion be tabled. Seconded by Mr. Morgenroth. Mr. Goldfeder inquired on a point of information of Legal Counsel if the resolution could be withdrawn before any action could be taken. Mr. Kaufman ruled that the resolution was already acted on by the Resolutions Committee and had reported its action and was, therefore, asking for ratification of its action by the adoption of its unfavorable report. The motion to table the unfavorable report then took precedence.

Mr. Schnaper stated he wished to withdraw his motion, but upon refusal of the second to withdraw, the motion was voted on. The motion to table was defeated.

Mr. Goldfeder requested the floor to explain his previous point of order regarding the withdrawal of the resolution. Chairman Foss replied that the resolution had already appeared in the Prince

Georges-Montgomery County Pharmaceutical Association publication and had received national distribution. Mr. Goldfeder agreed that it was an error and that a caucus of the members from the Prince Georges-Montgomery County Pharmaceutical Association was asking that the motion on the floor be withdrawn.

After further discussion, the motion was carried to approve the Resolution Committee's unfavorable report on the resolution.

Dean Foss then moved for adoption of the resolutions as a whole. Seconded and passed.

President Cooley thanked Chairman Foss and his committee for a job well done.

Dr. Foss thanked the members of his committee for their hard work on the resolutions.

The Attendance Prize drawing was held.

OLD BUSINESS

1. Report on Medical Care.

WALTER E. ALBRECHT

Member of the Maryland State Council on Medical Care and Chairman of the Pharmacy Services Committee

Pharmacy Policies of the Medical Care Program of the State Department of Health are the same now as when presented in 1960, copies of which were sent to each pharmacist participating in the state. It should be mentioned at this time that the existing pharmacy policies should be reviewed and the Pharmacy Services Committee of the Council with its advisors will be called to meet at a later date for the purpose of reviewing and recommending some revisions to the March 1960 pharmacy policies.

I believe it would be repetitious and perhaps of little interest to present a very lengthy, detailed report on the State Medical Care Program since this has been presented at several preceding conventions, therefore, may I give you some highlights.

During a recent meeting of the Pharmacy Services Committee of the Council on Medical Care, attention was again directed to the agreements that are being made by the various states with drug manufacturers, whereby a discount is obtained on direct purchases if the terms of a certain agreement or contract can be met.

This was studied several years previously and after some discussion it was again recommended by the Pharmacy Services Committee and with its advisors that this project be tabled. The staff members feel that this may bear further investigation some time in the future and will again be brought before the committee if it is found that the administrative details do not offset the gains from such a program.

The Budget and Finance Committee recently met to consider the preliminary budget request with respect to the city and county programs. The essential recommendations were to again include the increases for dental, physician and pharmacists fees.

As you undoubtably know, the Pharmacy Services Committee, with its advisors and members of the staff, have held many meetings during the years 1962-64 for the purpose of arriving at pharmacy fees agreeable to the pharmacists of the state and the state department and city department of health.

At each meeting there was always a lengthy discussion about this subject and and many times it was questionable whether or not the administration and the pharmacists could agree. There were letters written to the director of the Bureau of Medical Services in July 1963 by several of our pharmacists voicing their objections to some of the fee proposals.

However, the committee chairman suggested that consideration be given to one of the methods previously under consideration, which had already been presented to the Council on Medical Care, namely, a proposed fee schedule with only two fees for all prescriptions under the Medical Care Program. A $1.00 fee for prescriptions having a wholesale cost up to $4.00 and a $2.00 fee for prescriptions having a wholesale cost of ingredients of $4.00 and over.

This proposal would increase the county medical care budget request by $95,981, and the Baltimore City budget request by $248,384.

The M.P.A. representatives asserted that an increase of this size was not only desirable but necessary; for this reason the staff agreed to recommend the proposal to the Council on Medical Care and to the State Board of Health and Mental Hygiene for consideration.

On September 10, 1963 the chairman of the Pharmacy Services Committee of the Council on Medical Care recommended and moved that this fee proposal be accepted after Council members discussed the implications of this increase at great length. This motion was seconded and passed unanimously. This was hurdle #1.

Later it was passed by the State Board of Health and Mental Hygiene at their meeting in September, which I attended. Now, please be reminded that the proposed increases in dental, physicians and pharmacists fees were then going to the Budget Director and the Governor and Legislature. Then what happened? These items in the Budget were deneid with many more items.

At this time information on some statistics may be desirable.

The appropriation for the Maryland State Department of Health.

1963	1964	1965	Governor's Budget
$33,081,178.	$41,211,785.	$45,464,716.	

State Mental Care Services

1963 Actual	1964 Appr.	1965	Governor's Budget
$13,000,377.	$20,278.234.	$22,707,905.	

County Medical Care Services (Pharmacy, Medicine, Dentistry).

Appropriation 1963-64	$2,485,009.
Estimated Deficit County Medical Care Program	$47,000.

Percentage of Dollars by Service:

Pharmacists	59%	Indigent	51%
Physicians	35%	Med. Ing.	20%
Dental Services	6%	M.A.A.	29%
Special Services	0.1%		

Pharmacists Fees have been equal to 32.4% of the Selling Price to date.

Average Cost of a Prescription to date $2.91.

Mr. Albrecht announced that the new Director of Medical Services in the State Department of Health replacing Dr. Tobler who resigned last year is Dr. Carl Dodson.

Mr. Albrecht noted that a suggestion to study prescription prices in the State of Maryland as a College of Pharmacy project has been presented to Dean Foss. He said that the results of this study will be ready in September 1964.

Mr. Balassone moved for adoption of the report. Seconded by Mr. Goldfeder and passed.

2. Report of Legal Counsel

REPORT OF LEGAL COUNSEL

Joseph S. Kaufman

It is a pleasure for me to be able to be with you again this year, and to outline to this very distinguished group of pharmacists and leaders in Maryland the progress on the legal side of Pharmacy.

Just as you heard yesterday, things are not standing still in Pharmacy. Particularly law, court decisions, legislation and other administrative matters have taken giant strides in revolutionizing some of our thinking regarding pharmaceutical law.

I come with my own greetings and I bring the greetings of Senator Melnicove, who unfortunately is unable to be with us today.

As we have in the past, I think it is wisest to close off the old year and begin a new year with a profit and loss statement, so to speak, of what has happened.

This year again, I think we show on the plus side of our legal relationships and I would like to discuss those with you very briefly.

As you recall, in 1963 we had a large program legislatively to have what we generally call an ethics bill passed.

That bill was passed and it has had one full year of operation.

I think it has proved to be an effective, workable bill. It has shown the light for other needs, but we have taken a giant step and other steps will follow.

There was no major legislative program in the General Assembly in 1964. The reason for that is the fact that the General Assembly meets in what we call a short session, which is devoted primarily to budget matters. It is a thirty day session under our present Maryland Constitution and, for that reason, it has been the policy of the Association never to undertake an important legislative change in this short session. Its chances of passage are slim because of the limitations imposed by the Maryland Constitution.

However, I would like to point out a danger sign legislatively, and that is for the first time in recent years there was a bill introduced into the hopper in the 1964 General Assembly to repeal fair trade.

I think we must be alerted to this situation and we must prepare ourselves for this attack.

Now, federally on the legislative calendar, you heard yesterday the progress of the Quality Stabilization Bill.

I had intended to go into that but it would be repetitious and I would be trespassing on your time. I do say, however, that Quality Stabilization, or a bill of similar importance, has been in Congress now for three or four years. After this presidential election is over, one final push must be made and a real effort made on one consolidated effort. I think legislation of this nature drags too long. Congressmen who were our friends become disinterested and, therefore, I would recommend that the Association, in cooperation with the national organization, make this one real big effort.

In the courts of Maryland, we have had a little bit of difficulty. This is an unfortunate case. The case arose in Montgomery County, where Giant Foods, through a subsidiary, had applied for a pharmacy permit. The Board of Pharmacy had turned them down on the basis that the proposed pharmacy would not comply with the rules and regulations of the Board as to location and appointments as the Board is authorized to make under the licensing law.

The case came up before Judge Pugh in Montgomery County last fall, and Judge Pugh, in an opinion, thought that the Board of Pharmacy went beyond its authority and, therefore, denying the permit was in violation of the law.

An appeal was taken by the Board of Pharmacy to the Court of Appeals in Maryland and this court, frankly, ducked the issue on a very narrow technical legal ground that the Board of Pharmacy has nowhere been given the right by statute to appeal. Therefore, not having received that right from the General Assembly, they felt no appeal could be had and they, therefore, dismissed the appeal, and Judge Pugh's decision stood.

But presently, legislation is being prepared to correct this deficiency in the law and I am sure it will be part of the legislative package that will be sent to Annapolis for the 1965 session.

Otherwise, in the courts we have had a good year. I think you heard that the Supreme Court, on June 2nd, in a very far reaching case, has, in an 8-1 decision, upheld the constitutionality of non-signer provisions of state fair trade acts.

This reversed a very serious trend, because many state courts had for the last eight to ten years been finding the state acts unconstitutional on various grounds, mostly for violation of state constitutions.

The Supreme Court in very clear, explicit language, held that this was proper and that the Ohio statute was constitutional. The Ohio court itself was badly split on this issue, and the resounding 8-1 decision is a strong stepping stone for fair trade.

I also would like to report that a case has finally been cleared up and that is the old case which was filed as a result of the victory in the Gadol Case in the Maryland Court of Appeals.

An antitrust case was filed against Mr. Gadol of the Prince Georges-Montgomery County Pharmaceutical Association in the federal court in 1960 and I am pleased to report that case was dismissed by Judge Thompson earlier this month for want of stating a cause of action and, therefore, that is finished business.

The retailer versus retail principle still stands in good stead.

The Justice Department has made a vigorous investigation concerning enforcement of the antitrust act, and in some cases litigation against pharmaceutical associations for their activities in economic matters.

We also have had in the district of Maryland within the past year the most vigorous type of investigation by the Food and Drug Administration for Durham-Humphrey violations.

I am happy to say that their investigations have not turned up the number of violations in early 1964 as they did in early 1963. I think that is a great credit to the pharmacists of the state, that they are complying with the law and those that were violating have been warned and, if necessary, prosecuted and that we will not have the spectre of further prosecutions to face.

In closing, I would like to say that I think the horizon is great insofar as improvement in Pharmacy legislation and court decisions.

We have had our ups and downs, our peaks and valleys, but I think this is true in all fields, particularly in fields that are advancing. As someone said to me, "You can't play the ball game with no runs, no hits and no errors". You're going to have some of each, and I just hope that in the end we have more runs than anything else.

Upon inquiry by Mr. Wertheimer, Mr. Kaufman stated the legislative program being worked on for 1965 includes a definition of the "practice of pharmacy" and authority for the Board of Pharmacy to appeal court decisions.

Mr. Kaufman asserted that pharmacy representatives had convinced the authorities of the inequities in the fees for pharmacy services in the medical care program and that the chances of obtaining fees in 1965 were excellent.

President Cooley thanked Mr. Kaufman for an excellent report.

The President called for a brief recess.

Following the recess and prize drawings, reports were resumed.

3. Constitutional Amendments.

The following amendment, recommended by the Constitution and By-Laws Committee, endorsed by the Executive Committee and previously read at the Spring Regional Meeting was presented for adoption upon motion of Frank Block, seconded by Norman J. Levin:

RECIPROCAL MEMBERSHIP

Add to Article III (Types of Membership) as new Section 2.

> The Association may enter into agreements with such local or specialized pharmaceutical organizations as approved by the Executive Committee for the establishment of reciprocal membership, whereby membership in the Association would be a prerequisite for membership in such other organization and likewise membership in the local or specialized organization would be required for membership in the Association."

The Succeeding section numbers to be renumbered from 3 to 7.

A statement voicing the opposition of the Prince Georges-Montgomery County Pharmaceutical Association to the amendment was made by Paul Reznek. He interpreted the proposed amendment as a step toward affiliation nationally and that local autonomy would be lost.

Mr. Block stated the only intention of the Constitution and By-Laws Committee in recommending this amendment was to strengthen pharmacy within Maryland and not to advance affiilation nationally.

After extended debate, Mr. Goldfeder moved that the motion for adoption be tabled. The motion to table was seconded. A closed ballot was requested by Mr. Goldfeder. The vote was 19 to 25 with one abstention, thereby defeating the motion to table.

Secretary Gruz asserted: "The intent of this amendment is to strengthen and unify pharmacy within the state of Maryland. It was not the intention of the Constitution and By-Laws Committee, nor the Executive Committee which recommended this to the membership, to promote affiliation with any national organization."

"This is merely a permissive amendment to establish machinery for those local organizations or any other organization in Maryland which wishes to enter into such an agreement which would be mutually satisfactory to both. Any local organization which did not express interest to take advantage of this amendment does not have to do so."

"However, this amendment would permit this type of agreement and it would enable the local organizations to act. It would enable the membership of a local organization to require this reciprocal membership so that those members who are not supporting the state organization or vice-versa would do so."

Vice President Morris R. Yaffe then spoke: "This amendment was the offspring of the Membership and the Constitution and By-Laws Committees we had together at a joint meeting during the year.

"The theory and thought behind it was that the Maryland Pharmaceutical Association should be made up of the grass roots associations in the counties and the counties should have membership in the Maryland Pharmaceutical Association thereby strengthening the state Association so that they could have one voice in the state to do the things that we have to have done for the profession in the state.

"After all it is your Association for the state of Maryland and you would like to have more members from the counties so that we can well represent the state.

"It has been long sought after to affiliate with the state association so that we represent the majority in the state's pharmacists."

"By getting the county associations to try to get their memberships to reciprocate with the Maryland State Association we feel that we can strengthen the state association and also strengthen the county associations."

Irving I. Cohen commented that he was in favor of reciprocal membership between the local and state associations, but suggested revision of the amendment so that it was "limited to the confines of the state of Maryland."

There was a discussion if any changes in the amendment could be made at this time. It was agreed that there could be no change.

Norman J. Levin was recognized and said: "First of all I wish to commend the organization for voting down the motion to table. I think that this is a very important amendment to our constitution and I think we have a right to educate ourselves to be either for or against this type of amendment."

"I do not know whether our organization is yet ready for it after what I have heard here this morning. But, I think there will come a time when we will be mature enough to accept this type of arrangement."

Aaron M. Libowitz stated: "I served as a member of the Constitution and By-Laws Committee that helped write this amendment. I still feel that the amendment itself is good. However, there is a lot misinterpretation of words in this amendment. Specialized organizations referred to the hospital pharmacists and the B.M.P.A. Primary purpose of this amendment was for organizations within Maryland and had nothing to do with national organizations. Due to inadequacies in some of the words I strongly recommend that this be not voted at this time but recalled and be voted next regional meeting."

After further discussion, Legal Counsel Joseph Kaufman ruled that no changes could be made after a proposed amendment had been read for the first time and the text mailed to the members. A motion was then made by Joseph Cohen, seconded and passed, to recommit the amendment to the Constitution and By-Laws Committee in order to clarify the wording of the amendment and bring it back to the body for action. Seconded and passed.

Upon motion of Frank Block, seconded by Mr. Morgenroth, the following amendments, previously read at the Spring Regional Meeting were adopted:

1. OFFICERS AND EXECUTIVE COMMITTEE

ARTICLE IV

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, [*and Baltimore City,*] comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts [*and three members for Baltimore City, regardless of store population*]. After adoption of this Constitution, any of the five districts [*and Baltimore City*] shall be entitled to one extra member of the Executive Committee on the basis of one member for every twenty-five dues paid members in the district [*or Baltimore City*]. Representation shall not exceed [*five*] *eight* members to the Executive Committee for any one district [*or Baltimore City*].

In addition, the Association may approve up to 2 members as recommended by the Executive Committee to serve as Executive Committeemen-at-Large.

District 1: Eastern Shore.
District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford, Howard, *and Baltimore City.*
District 3: Southern.
District 4: Northern.
District 5: Western.
[*District 6: Baltimore City.*]

2. FINANCIAL ADMINISTRATION

ARTICLE IX OF BY-LAWS

Any member, whose dues shall be in arrears [*for one year*] *as of the time of the Annual Meeting* shall, after due notification from the Treasurer, lose his rights as a member.

3. STANDING AND SPECIAL COMMITTEES

ARTICLE XII OF BY-LAWS

A. Change Committee #3—"Trade Relations Committee" to *"Pharmacy Economics Committee".*

B. Add Committee #21—*"Simon Solomon Pharmacy Economics Seminar Committee".*

4. STUDENT'S AUXILIARY

ARTICLE XV OF BY-LAWS

Change name to *"Student Branch".*

Change references of "Students' Auxiliary" to *"Joint Student Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association"*.

Change Section 2 [Membership] to *"Students who are members of the third, fourth and fifth year professional classes, respectively, of the University of Maryland School of Pharmacy."*

NOTE: Italics indicates new matter added to existing Constitution and By-Laws.

[Brackets] indicate matter stricken from existing provisions.

NEW BUSINESS

REPORT OF THE NOMINATING COMMITTEE

Victor H. Morgenroth, Jr., Chairman

The Nominating Committee held four meetings during the past year. Letters were sent to the Allegany-Garrett County Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association, Eastern Shore Pharmaceutical Society, Prince Georges-Montgomery County Pharmaceutical Association and the Tri County Pharmaceutical Association inviting these groups to submit names for consideration. After thorough and careful consideration, the following slate is submitted for your approval:

Officers

Honorary President—Walter E. Albrecht, Linthicum Heights
President—Solomon Weiner, Baltimore
First Vice President—Alexander J. Ogrinz, Jr., Baltimore
Second Vice President—Morris R. Yaffe, Rockville
Third Vice President—Milton A. Friedman, Baltimore
Fourth Vice President—Stephen J. Provenza, Baltimore
Secretary Emeritus—Melville Strasburger, Baltimore
Treasurer—Morris Lindenbaum, Reisterstown

Executive Committee

William A. Cooley, Chairman

1st District—Eastern Shore: Caroline, Cecil, Dorchester, Kent. Queen Annes, Somerset, Talbot, Wicomico and Worcester.

I. Earl Kerpelman, Salisbury
Thomas M. Payne, Easton

2nd District—Baltimore City, also Baltimore, Harford, Anne Arundel and Howard Counties.

Donald O. Fedder, Dundalk
Norman J. Levin, Pikesville
Jerome Mask, Dundalk
Sam A. Goldstein, Baltimore
Aaron M. Libowitz, Baltimore

Victor H. Morgenroth, Jr., Baltimore
Jerome A. Stiffman, Baltimore
Ferdinand F. Wirth, Jr., Baltimore

3rd District—Calvert, Charles, Montgomery, Prince Georges and St. Marys.
William L. Brunnett, Riverdale
Harold M. Goldfeder, Riverdale
Morton J. Schnaper, Bethesda
Robert S. Sinker, Silver Spring
Herman Taetle, Silver Spring

4th District—Carroll, Frederick and Washington
Jay E. Levine, Hagerstown
Robert V. Mercer, Frederick

5th District—Allegany and Garrett
Richard L. Pfrogner, Cumberland
Samuel Wertheimer, Cumberland

Executive Committeemen-At-Large

Simon Solomon
H. Nelson Warfield

Ex-Officio Members

Walter E. Albrecht
Francis S. Balassone
Irving I. Cohen
Noel E. Foss
Gordon A. Mouat

President Cooley called for nominations from the floor. There were none and Mr. Spigelmire moved that nominations be closed and the slate be approved as presented. Seconded by Mr. Libowitz and passed. The Secretary was directed to cast a unanimous ballot for the slate of officers and Executive as presented by the Nominating Committee. The Secretary so cast a ballot.

For appointment to the Maryland State Board of Pharmacy, the Committee recommended the following list of nominees for the vacancy of Alexander J. Ogrinz, Jr. whose term expires April 30, 1965.

ALEXANDER J. OGRINZ, JR.
FRANK BLOCK
VICTOR H. MORGENROTH, JR. *

*NOTE: As the Maryland Pharmacy Law required a resident of Baltimore City for the vacancy in 1965, Mr. Morgenroth was replaced as a nominee by Irving I. Cohen by endorsement at the Fall Regional Meeting, Peter Pan, Urbana, October 22, 1964.

Upon motion of Mr. Goldfeder, duly seconded, the nominees for the vacancy to the Board of Pharmacy were accepted.

On motion of Harold M. Goldfeder, a rising vote of thanks was given to President William A. Cooley for a job well done.

Mr. Cooley responded by thanking the officers and committee chairmen for the assistance given him during the year. He thanked the wholesalers, manufacturers, T.A.M.P.A. and L.A.M.P.A. for helping make the convention a success.

Upon conclusion of announcements, the Fourth and Final Session of the 82nd Annual Convention was adjourned at 2:00 P.M. by President Cooley

BANQUET

Thursday, July 2

The Annual Banquet was preceded by a Social Hour provided through the courtesy of the following drug wholesalers: Calvert Drug Company, The Henry B. Gilpin Company, the Loewy Drug Company, Muth Brothers and Company, and the Washington Wholesale Drug Exchange.

The invocation was offered by the Reverend Howard Lee Gordy, Jr., Chaplain, Wesley College, Dover, Delaware. He was introduced by President William A. Cooley.

Following a most enjoyable dinner accompanied by delightful music, chairman Solomon Weiner greeted the Banquet and expressed his appreciation for the cooperation and efforts of his committee in insuring a most successful and enjoyable convention for all. The Chairman then presented the Toastmaster of the evening, Gordon A. Mouat.

Mr. Mouat introduced the guests seated at the head tables and others seated in the audience. The Toastmaster then presented President William A. Cooley, who brought greetings to the members and guests on behalf of the Association. He thanked the Convention Chairman, his committee members and all others for their splendid efforts for making the convention a success.

Toastmaster Mouat then called upon Morris L. Cooper, Chairman of the Pharmacy Week Committee, to make the following 1963 Maryland Pharmacy Week Window Display Contest Awards of inscribed plaques:

FIRST PRIZE—Roy E. Snell, People's Service Drug Store, Palmer Park Shopping Center, Palmer Park, Hyattsville.

SECOND PRIZE—Milton A. Friedman, Harris' Pharmacy, 100 S. Poppleton Street, Baltimore.

THIRD PRIZE—Read Drug & Chemical Company, 6708 Reisterstown Road, Baltimore.

President Cooley discharged the 1963-64 officers and Executive Committee with his acknowledgment of their contribution to the effectiveness of the Association.

President-elect Solomon Weiner was installed as President of the Association by Mr. Cooley. The other officers and Executive Committee for 1964-65 were then installed.

As his first official act, President Weiner presented the Past President's Key to retiring President William A. Cooley. Mr. Philip Levin, President of the Loewy Drug Company, presented the Loewy plaque and gavel to President Solomon Weiner.

On behalf of T.A.M.P.A., retiring President John G. Cornmesser introduced the new officers and board members of the auxiliary.

President Ruth Levin of L.A.M.P.A. introduced the officers and Executive Board of the ladies organization.

Appreciation was expressed to the following for their part in assuring the success of the Convention: John A. Crozier and the Calvert Drug Company for daily bulletins, The Henry B. Gilpin Company for providing morning newspapers daily, Hendler and Bordens for ice-cream at the pool, the wholesalers—Calvert, Gilpin, Loewy, Muth and Washington Wholesale Drug Exchange—for the cocktail party, Youngs Rubber for a cocktail party, Paramount Photo Service for taking pictures throughout the Convention and F. A. Davis, Daniel Loughran, and General Cigar for cigars.

The many generous contributions to the convention were acknowledged and prizes were drawn.

The 82nd Annual Convention came to a most enjoyable conclusion and was adjourned at 10 P.M.

T.A.M.P.A.

The important role of T.A.M.P.A. in the success of our convention has become a Maryland Pharmaceutical Association tradition.

The officers and committees of the Travelers Auxiliary exerted every effort in assisting the Association in its program of entertainment.

In addition, T.A.M.P.A. members manned the registration desk, undertook many other responsibilities, and provided congenial fellowship.

To the officers and members of T.A.M.P.A., the parent organization conveys its appreciation and gratitude for the labors and cooperation which insured the success of this outstanding convention.

OFFICERS ELECTED 1964-65

At the Forty-Eighth Meeting of the T.A.M.P.A.
Shelburne Hotel, Atlantic City, New Jersey
June 29, 30, July 1, 2, 1964

Honorary President—E. Donald Spedden
President—Alfred E. Callahan
First Vice President—Herman A. Bloom
Second Vice President—Frederick H. Plate
Third Vice President—Robert Tobias
Secretary-Treasurer—John A. Crozier
Assistant Sec.-Treas.—William L. Grove

Directors

Chairman, John G. Cornmesser

FOR ONE YEAR	FOR TWO YEARS	FOR THREE YEARS
Joseph A. Costanza	John D. Davidson	Swen Justis
Geo. H. A. Kommalan	Howard L. Dickson	Kenneth L. Whitehead
Frank J. Slama	William A. Pokorny	Robert A. Williams

Maryland Pharmacist Committee

Paul Friedel, Chairman
George H. A. Kommalan, Board Adviser
Joseph Muth
L. Scott Grauel

T.A.M.P.A. Extravaganza

The following members participated in the T.A.M.P.A. Extravaganza, Friday evening, June 30, 1964: Master of Ceremonies, Frank Watkins; Members of Cast, Herman Bloom, Alfred Callahan, John Cornmesser, Howard Dickson, Paul Friedel, Joseph Hugg, Ed Kabernagel, Doc Kallejian, George Kommalan, Fred Plate, H. Sheeler Read, Louis Rockman, Morris Rockman, Larry Rorapaugh, Wilson Spilker, Bob Tobias, Bernie Ulman, Jr., Ken Whitehead; Directors, Bernie Ulman, Jr., and Herman Bloom.

The program at the "T.A.M.P.A. PALACE" was as follows: Indian Love Call, The Twist, The Bum, Helen Morgan, Drink Comic, Pagliacco, Drunk Comic, Song Medley and Finale.

L.A.M.P.A.

The appreciation of the Maryland Pharmaceutical Association is also extended to the Ladies Auxiliary for the role they played in insuring the social success of the convention.

The Association looks forward to L.A.M.P.A.'s actively participating in the convention and other functions of the Association in the coming years.

L.A.M.P.A. OFFICERS FOR 1964-65

Officers

President—Mrs. Norman J. Levin
First Vice President—Mrs. Milton A. Friedman
Second Vice President—Mrs. Frank J. Slama
Third Vice President—Mrs. Morris R. Yaffe
Recording Secretary—Mrs. Noel E. Foss
Corresponding Secretary—Mrs. Richard R. Crane
6007 Eurith Ave., Baltimore, Md. 21206
Treasurer—Mrs. Albert Rosenfeld
Membership Treasurer—Mrs. Morris L. Cooper

Directors

Mrs. Samuel I. Raichlen, Chairman
Mrs. Frank Block, Historian

Mrs. Jacob Serpick
Mrs. Charles E. Spigelmire
Mrs. Jerome Mask
Mrs. C. Edward Pfeifer
Mrs. George M. Schmidt
Mrs. James A. I. Parker
Mrs. Edward C. Maisenhalder
Mrs. William A. Cooley

PAST PRESIDENTS

1953-54	Mrs. Charles S. Austin
1954-55	Mrs. Charles S. Austin
1955-56	Mrs. Solomon Weiner
1956-57	Mrs. H. Nelson Warfield
1957-58	Mrs. Frank Block
1958-59	Mrs. Morris L. Cooper
1959-60	Mrs. Anthony G. Padussis
1960-61	Mrs. Samuel I. Raichlen
1961-62	Mrs. Felix H. Kaminski
1962-63	Mrs. Norman J. Levin
1963-64	Mrs. Norman J. Levin

In Memorium

T. ARTHUR CRONIN
ARTHUR HENRY EISE
JAMES DALLAS ERVIN
CARL J. FLOM
BENJAMIN GABOFF
ISAAC GUTTMAN
NATHAN S. HEALY
JOHN A. HOLEWINSKI
HUGH E. HUDSON
JACOB KRAKOWER
WILLIAM J. LOWRY
ANDREW F. LUDWIG
EDWARD C. MAISENHOLDER
CLAUD McCLEERY
GEORGE COLLINS McLARTY
THEODORE T. NIZNIK
JOHN J. PIVEC
MAUDE B. PIQUETT
ISIDORE PRESSMAN
CHARLES ROSSBERG
ROY B. SCHLOSSER
THOMAS S. SMITH
ALONZO LEE STERLING
JOSEPH STIMEK
SAMUEL J. TAMBURO
DONALD E. TEETS
JOHN F. WANNENWETSCH
ARZA G. WILLIAMS

COMMITTEES
MARYLAND PHARMACEUTICAL ASSOCIATION
1964 - 1965

Social Committee: Alexander J. Ogrinz, Jr., Chairman; Morris R. Yaffe, Rockville, Co-Chairman; Alfred E. Callahan; Mrs. Norman J. Levin, Pikesville; Mrs. Milton A. Friedman; Mrs. Morris R. Yaffe, Rockville; Mrs. Lynn D. Tanner, Jr., Aberdeen; John A. Crozier; L. Scott Grauel; Joseph L. Muth; Herman Bloom; Jerome J. Cermak; Howard L. Gordy, Salisbury; Gerald Y. Dechter, Silver Spring; John F. Neutze; David I. Estrin, Washington; Martin Rochlin; Aaron M. Libowitz; Gordon A. Mouat; H. Sheeler Read.

Building Committee: Sam A. Goldstein, Chairman; Irving I. Cohen, Co-Chairman; Gordon A. Mouat; Frank J. Macek; Harry L. Schrader; Charles E. Spigelmire.

Pharmacy Economics Committee: Donald O. Fedder, Chairman; Nicholas C. Lykos, Timonium, Co-Chairman; Jerome A. Stiffman; John A. Crozier; Philip Levin; Joseph H. Morton; Stanley J. Yaffe, Odenton; Abraham E. Glaser; Alfred Schwartzman; George W. Wagner, Westernport; L. Scott Grauel; Edward S. Muth, Jr.

School of Pharmacy Committee: Irving I. Cohen, Chairman; James P. Cragg, Jr., Co-Chairman; Victor H. Morgenroth, Jr.; Gordon A. Mouat; Ronald M. Hopkins, Taneytown; Samuel I. Raichlen; Stuart Friedel; Jacob H. Sapperstein, Cockeysville; Paul R. Bergeron, II, Hyattsville; Aaron M. Libowitz.

Professional Relations Committee: Stephen J. Provenza, Chairman; Wilfred H. Gluckstern, Co-Chairman; H. Nelson Warfield; Arnold Davidov; Milton A. Friedman; David Newman, Havre de Grace; Phillip P. Weiner; Irving Freed; Samuel J. Sheller; Aaron M. Libowitz; Frederic T. Berman; Jay E. Levine, Hagerstown; Morris L. Cooper; George J. Stiffman; Reese E. Whitesell, Frederick; A. Wayne Braden, Silver Spring; Victor H. Morgenroth, Jr.; Irwin J. Rosenberg, Silver Spring; Robert F. Tomsko, LaVale; Charles E. Spigelmire; Jerome L. Fine, Randallstown; Richard D. Baylis, Laurel.

Legislative Committee: Jerome Mask, Chairman; Samuel Wertheimer, Co-Chairman; Simon Solomon; I. Earl Kerpelman, Salisbury; Max A. Krieger; Aaron M. Libowitz; Gregory W. A. Leyko; Jack Oken; James A. I. Parker, Kensington; Morris Lindenbaum, Reisterstown; Donald O. Fedder; Frank Block; William Les Brunnett, Riverdale; Earl R. Ross; Charles A. Nitsch; Robert V. Mercer, Frederick; Milton Waxman, Elkton; Victor H. Morgenroth, Jr.; Marvin Freedenberg, Hyattsville; Morris R. Yaffe, Rockville; Herman Taetle, Silver Spring.

Pharmacy Week Committee: Morris L. Cooper, Chairman; Thomas M. Payne, Easton, Co-Chairman; Stephen J. Provenza; David Newman, Havre de Grace; Charles J. Neun; H. Nelson Warfield; Irvin Kamenetz; Philip D. Lindeman, Salisbury; Fern E. Kenney, Cumberland; Donald A. Schumer; Robert K. Moler, Frederick; William Les Brunnett, Riverdale; C. Murray Allen, Cumberland.

Membership Committee: Milton A. Friedman, Chairman; Morris R. Yaffe, Rockville, Co-Chairman; Thomas M. Payne, Easton; Godfrey D. Kroopnick; Henry J. Glick, Cumberland; Harry Bass; John F. Fader, II; Aaron Kadish; Thomas H. Keller; Joseph U. Dorsch; Nelson G. Diener; George J. Stiffman; Charles E. Spigelmire; Hyman Davidov; Fern E. Kenney, Cumberland; Paul Reznek, Beltsville; William C. Chatkin, Hagerstown; Jay E. Levine, Hagerstown; Samuel Morris, Silver Spring; Robert S. Sinker, Silver Spring.

Finance Committee: Gordon A. Mouat, Chairman; John F. Neutze, Co-Chairman; Morris Lindenbaum, Reisterstown; Norman J. Levin, Pikesville; Charles E. Spigelmire; Herman B. Drukman.

Public Relations Committee: Charles E. Spigelmire, Chairman; Bernard B. Lachman, Co-Chairman; Milton A. Friedman; Paul Reznek, Beltsville; Irving Freed; Edwin Whittemore; Jerome L. Fine, Randallstown; Jacob L. Kronthal; William W. Resser, Cumberland; Thomas J. Hayman, Salisbury; Christopher A. Rodowskas; Mrs. Rebecca H. Davis; Richard L. Pfrogner, Cumberland; Henry J. Glick, Cumberland.

Fair Trade Committee: Simon Solomon, Chairman; Alexander J. Ogrinz, Jr.; Co-Chairman; Herman Taetle, Silver Spring; Joseph H. Morton; Abraham B. Schapiro; Mrs. Ruth M. Klingel; Jerome Mask; Elwin H. Alpern, Odenton; A. Lester Batie, Laurel; David I. Estrin, Washington; Harry G. Eisentrout, Jr., LaVale; William J. Appel, Easton; Lynn Sheetz, Cumberland; L. H. Kraus, Jr., Salisbury.

Publications Committee: Benjamin F. Allen, Chairman; Paul Reznek, Beltsville, Co-Chairman; B. Olive Cole; Samuel Morris, Silver Spring; Aaron Kadish; Dennis B. Smith; Herman Kling.

Pharmacy Committee: Morton J. Schnaper, Bethesda, Chairman; James P. Cragg, Jr., Co-Chairman; Wilfred H. Gluckstern; Alexander J. Ogrinz, Jr.; Harold P. Levin; Phyllis W. Brill; Richard L. Pfrogner, Cumberland; Lloyd W. Lohmeyer, Crisfield; Henry J. August, Thurmont; Curtis A. Bowen, Frederick; Irving Myers; Irvin Kamenetz; Morris R. Yaffe, Rockville; Robert S. Sinker, Silver Spring.

Nominating Committee: William A. Cooley, Cumberland, Chairman; Victor H. Morgenroth, Jr.; Norman J. Levin, Pikesville; Harold M. Goldfeder, Riverdale; Gordon A. Mouat; Frank Block; George M. Schmidt, Elkton.

Resolutions Committee: Noel E. Foss, Chairman: Simon Solomon, Co-Chairman; Francis S. Balassone; Bernard B. Lachman; Samuel Wertheimer, Cumberland; Frank Block; Morris R. Yaffe, Rockville; Aaron M. Libowitz; Robert S. Sinker, Silver Spring; Walter E. Albrecht, Linthicum Heights; Frank L. Black.

Civil Defense and Disaster Survival Committee: Robert S. Sinker, Silver Spring, Chairman; Jerome Block, Co-Chairman; Jerome Mask; Melvin Chaiet, Adelphi; Lloyd N. Richardson, Bel Air; Milton Sarubin, Ellicott City; Sydney G. Weinberg; Irvin L. Kamanitz, Salisbury; Henry W. Lawlor, LaPlata; James B. Ortt, Easton; Noel J. Bosch, Pikesville; William J. Maczis; Elmer R. Kellough, Jr., Cumberland; Robert J. Martin, LaVale.

Grievance Committee: Frank Block, Chairman; District No. 1: William J. Appel, Easton; George M. Schmidt, Elkton; District No. 2: Charles A. Nitsch; Sam A. Goldstein; District No. 3: N. W. Chandler, Landover Hills; James A. I. Parker, Kensington; District No. 4: Henry J. Glaeser, Jr., Manchester; Robert V. Mercer, Frederick; District No. 5: Clinton W. Englander, Oakland; Richard L. Pfrogner, Cumberland.

Constitution & By-Laws Committee: Victor H. Morgenroth, Jr., Chairman; Norman J. Levin, Co-Chairman; Aaron M. Libowitz; Frank Block; Francis S. Balassone; Harold M. Goldfeder, Riverdale; Morton J. Schnaper, Bethesda; Philip D. Lindeman, Salisbury; Samuel Wertheimer, Cumberland; Alexander J. Ogrinz, Jr.; Herman Taetle, Silver Spring.

Auditing Committee: Charles E. Spigelmire, Chairman; Herman B. Drukman, Co-Chairman; Morris Lindenbaum, Reisterstown; Frank J. Macek; Joseph U. Dorsch; Sam A. Goldstein.

Swain Seminar Committee: Irving I. Cohen, Chairman; Noel E. Foss, Co-Chairman; Simon Solomon; Francis S. Balassone; James P. Cragg, Jr.; Bernard B. Lachman; Gordon A. Mouat; Philip R. Karn, Sr., Lutherville; H. Nelson Warfield; Paul Freiman; Lloyd N. Richardson, Bel Air; Frederic T. Berman; Harold M. Goldfeder, Riverdale; Henry G. Seidman; Alexander J. Ogrinz, Jr.

Political Information Committee: Morris R. Walman, Chairman; C. Robert Welsh, Ocean City, Co-Chairman; Harry R. Wille; Gregory W. A. Leyko; Marvin Freedenberg, Hyattsville; Alfred H. Alessi; Donald Aronson, Annapolis; Samuel S. Blumson; Andrew T. Cavacos; Jacob L. Richman; David E. Banks; L. Patrick Dougherty, Cumberland; Alfred Abramson; Victor H. Morgenroth, Jr.

Insurance & Pension Committee: Norman J. Levin, Pikesville, Chairman; Alexander J. Ogrinz, Jr.; Morris Lindenbaum, Reisterstown; Noel E. Foss; Ferdinand F. Wirth, Jr.; Walter E. Albrecht, Linthicum Heights; Maurice T. Cummings, Pasadena.

Simon Solomon Pharmacy Economics Seminar Committee: Aaron M. Libowitz, Chairman; Joseph H. Morton, Co-Chairman; Donald O. Fedder; John A. Crozier; L. Scott Grauel; Joseph L. Muth; Martin Rochlin; James C. Davis; Maurice Wiener; Dominic Vicino, Mt. Rainier; Nicholas C. Lykos, Timonium; Anthony J. Petralia; Gerald Y. Dechter, Silver Spring; I. Earl Kerpelman, Salisbury; Thomas J. Hayman, Salisbury; Harold P. Levin; Phillip P. Weiner; Robert F. Tomsko, LaVale.

COMMITTEE FUNCTIONS

Social Committee:

To recommend a convention site to the Executive Committee. To promote the convention generally: Contributions, entertainment, attendance, publicity.

Building Committee:

To inspect the Kelly Memorial Building and grounds. To recommend repairs, maintenance and improvements.

Pharmacy Economics Committee:

To review policies of manufacturers and wholesalers; to improve understanding between pharmacy practitioners, manufacturers and wholesalers; to recommend policies based upon development in management and economics.

School of Pharmacy Committee:

To assist the School of Pharmacy, University of Maryland in promoting the School and forming a close relationship between the Faculty, Student Body and members of the Association.

Professional Relations Committee:

A liaison between Pharmacy, Dentistry and Medicine. To encourage closer and better relations between these professions. To foster meetings to discuss problems of common interest. To promote better intra-professional relations.

Legislative Committee:

To study all legislation affecting Pharmacy—local, state and federal. To take an active part in preventing harmful legislation and seeking beneficial legislation. To attend legislative sessions and hearings and participate in them if necessary.

Membership Committee:

To devise ways and means of improving the membership in the Association both numerically and qualitatively. Active participation to bring this about by mailing bills and calling on both delinquent and prospective members.

Finance Committee:

To study the financial needs of the Association for efficient operation. To prepare a budget and to recommend addition or deletion of expense items.

Auditing Committee:

To examine the books of the Association after the annual audit has been made.

Public Relations Committee:

To promote pharmacy through various media—radio, television, newspapers, so that the public will have a better understanding and appreciation of pharmacists and Pharmacy.

Fair Trade Committee:

To support legislation on both a State and National level pertaining to Fair Trade.

Publications Committee:

To examine the Maryland Pharmacist, official publication of the Maryland Pharmaceutical Association. To make editorial contributions, obtain advertisers and improve the publication generally.

Pharmacy Week Committee:

To assist the American Pharmaceutical Association in promoting National Pharmacy Week. To encourage participation in retail, hospital, school and public exhibits. To provide suitable awards.

Pharmacy Committee:

To promote professional Pharmacy and the good practice of Pharmacy.

Civil Defense & Disaster Survival Committee:

To cooperate with Civil Defense agencies to assure proper pharmaceutical services are provided and maintained in civil, military and disaster emergencies.

Grievance Committee:

To reconcile public, interprofessional, and/or intraprofessional complaints brought against the practitioners of Pharmacy.

Resolutions Committee:

To gather and prepare resolutions for presentation at the annual Convention.

Nominating Committee:

To present a slate of officers, executive committee and nominees for the Maryland State Board of Pharmacy to the annual convention for election as stated in the Constitution of the Association.

Executive Committee:

The governing body of the Association as stated in the Constitution.

Robert L. Swain Pharmacy Seminar Cmmittee:

To plan and conduct the educational and information program of the annual Pharmacy Seminar, which serves as a perpetual memorial in recognition of Dr. Robert L. Swain.

Constitution & By-Laws Committee:

To study and review the Constitution and By-Laws and any proposed revisions or additions and to report recommendations as to amendments to the Executive Committee.

Simon Solomon Pharmacy Economics Seminar Committee:

To plan and conduct the Annual Simon Solomon Pharmacy Economics Seminar designed to improve understanding in management and economics and to honor Mr. Simon Solomon.

ONLY THESE NARCOTIC PREPARATIONS MAY BE SOLD ON ORAL OR TELEPHONED PRESCRIPTION UNDER MARYLAND LAW

(1) **CODEINE** (methylmorphine): Codeine content of compound must not exceed eight grains per fluid oz. or one grain per dosage unit. *Codeine must be compounded with—*

> (a) "one or more active non-narcotic ingredients in recognized therapeutic amounts" (examples — Empirin Compound with Codeine, A.P.C. with Codeine, Coricidin with Codeine, Trigesic with Codeine); or
>
> (b) "an equal or greater quantity of any isoquinoline opium alkaloid or salt thereof" (example—Copavin).

(2) **DIHYDROCODEINONE** or any of its salts in any preparation is hereby restricted to sale on prescription only, in accord with the State Board of Health's "Regulations Governing Acceptance of Oral Prescriptions for Certain Narcotic Drugs".

(3) **DIHYDROHYDROXYCODEINONE** (Oxycodeine, Eucodal) or any salt thereof when compounded with one or more active *non-narcotic* ingredients in recognized therapeutic amounts. Dihydrohydroxycodeinone content must not exceed two-third grain per fluid oz. or one-twelfth grain per dosage unit. (example—Percodan, Nucodan) NOTE: Under the Federal Narcotic Laws and Regulations DIHYDROHYDROXYCODEINONE (Oxycodone) may not be dispensed on oral prescription.

(4) **DIONIN (Ethylmorphine)** or any salt thereof when compounded with one or more active *non-narcotic* ingredients in recognized therapeutic amounts. Dionin content must not exceed one and one-third grains per fluid oz. or one-sixth grain per dosage unit (example —Terpin Hydrate and Creosote compound with Dionin).

(5) **ANY ISOQUINOLINE ALKALOID OF OPIUM** or any salt of any such isoquinoline alkaloid, *alone* or in combination with other active non-narcotic medicinal ingredients. According to the Narcotics Bureau, the only isoquinoline alkaloids of opium currently on the market are: *Papaverine, Narcotine, Cotarnine,* and *Narceine.*

(6) **APOMORPHINE** or any salt thereof *alone* or in combination with other active non-narcotic medicine ingredients.

(7) **NALLINE** (N-allyl-normorphine, Nalorphine) or any salt thereof *alone* or in combination with other active non-narcotic medicinal ingredients. It is an antidote for morphine poisoning.

Oral Prescription Narcotic List Does Not Include—

(1) **Straight** Codeine, Dihydrocodeinone, Dihydrohydroxycodeinone, or Dionin. An effort was made to get straight Dionin included in the list for ophthalmic solutions, but was unsuccessful.

(2) **MORPHINE** or any of its salts or compounds, expect when they are included in preparations that have previously been known as *exempt narcotics*. In fact, oral prescriptions can be accepted for any *exempt narcotic preparation*. This is logical because any *exempt narcotic preparation* can be sold *over-the-counter* without any prescription within the limits set by federal and state laws and regulations.

(3) **METHADONE COMPOUNDS** (Amidone, Adanon, Dolophine), Methadone compounds with other non-narcotic ingredients were proposed with certain dosage limitations, but were not included in the final list.

(4) **OPIUM COMPOUNDS** with other non-narcotic ingredients for topical application were proposed, but not included.

(5) **DEMEROL** (Pethidine, Meperidine): Dilaudid (Dihydromorphinone); Cocaine; Pantopon; Metopon; Dromoran; Isomethadone; Methadol; Nisentil (Alphaprodine); Heptazone (Thebaine); Phenadoxone.

Oral Prescriptions Must Be Reduced To Writing And Filed; No Refills

Like oral prescriptions for non-narcotic drugs under the Food and Drug Administration's Durham-Humphrey (D-H) law, and under Maryland Law, (the dangerous drug law) narcotic oral prescriptions must be reduced to writing promptly by the pharmacist and must be filed. The oral prescription narcotic law specifically requires that prescriptions be kept for two years.

Oral prescriptions can be accepted from any physician or other practitioner who has a narcotic registration. The practitioner must supply the pharmacist with the same information required for a written narcotic prescription.

Unlike FDA's Durham-Humphrey law, and our own dangerous drug law, refills cannot be authorized on either a written or an oral narcotic prescription (except, of course, in the case of *exempt narcotic* preparations). A new prescription must be obtained each time.

ARTICLES OF INCORPORATION

Know all men by these presents, That we, M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith, Columbus V. Emich, Albion J. Corning, John T. Thomsen, D. C. Auginbaugh, Edwin Eareckson, William Simon and J. Walter Hodges, being citizens of the United States, and a majority of whom are citizens of the State of Maryland, do hereby certify that we do, under and by virtue of the General Laws of this State, authorizing the formation of corporations, hereby form a corporation under the name of "The Maryland State Pharmaceutical Association of Baltimore City."

We do further certify, that the said corporation, so formed is a corporation for the purpose of bringing together the reputable Pharmacists, Chemists and Druggists of the State, that they may by thorough organization and united effort advance the science of Pharmacy, promote scientific research, and in the interest of the public strive to have enacted just, stringent laws, to prevent the adulteration of food and medicines, and to confine the compounding and sales of medicines to regularly educated Pharmacists; that the term of existence of said corporation is limited to forty years; and that the said corporation is formed upon the articles, conditions and provisions herein expressed, and subject in all particulars to the limitations relating to corporations, which are contained in the General Laws of this State.

We do further certify, that the operations of said corporation are to be carried on in the State of Maryland, and that the principal office of the said corporation will be located in Baltimore City.

We do further certify that the said corporation has no capital stock.

We do further certify that the said corporation will be managed by the officers, and that the said M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith and Columbus V. Emich are the names of the Officers who will manage the concerns of the said corporation for the first year.

In Witness Whereof, We have hereunto set our hands and seals this twenty-sixth day of November, in the year eighteen hundred and eighty-nine.

M. L. Byers (Seal)
David M. R. Culbreth, M. D. (Seal)
Joseph B. Garrott (Seal)
E. M. Foreman (Seal)
John W. Geiger (Seal)
Samuel Mansfield (Seal)
J. Charles Smith (Seal)

Columbus V. Emich (Seal)
John T. Thomsen (Seal)
D. C. Auchinbauch (Seal)
Edwin Eareckson (Seal)
William Simon (Seal)
J. Walter Hodges (Seal)
A. J. Corning (Seal)

A CODE OF ETHICS

For the guidance of members of this Association and all pharmacies of the State who may wish to follow the higher practice of their profession.

Respecting the Pharmacist Himself

First—He should, by study, experimentation, investigation and practice, thoroughly qualify himself to fully meet and competently transact the daily requirements of his vocation.

Second—He should possess a good moral character and should not be addicted to the improper use of narcotic drugs nor the excessive use of alcoholic stimulants.

Third—He should constantly endeavor to enlarge his store of knowledge; he should, as far as possible, read current pharmaceutical literature; he should encourage all such pharmaceutical organizations as seen to be helpful to the profession, and so deport himself as not to detract from the dignity and honor of the calling this Association, especially is trying to elevate.

Fourth—He should accept the standards and requirements of the United States Pharmacopoeia and the National Formulary for the articles of Materia Medica and the preparations recognized by these publications, and, as far as possible, should promote the use of these and discourage the use of proprietaries and nostrums.

Respecting the Pharmacist's Relation With Those From Whom He Makes Purchases

First—He should deal fairly with these, all goods received in error or excess, and all undercharges, should be as promptly reported as are shortages and overcharges. Containers not charged for and not included in the charge of contents should be carefully returned, or, if used should be credited to the party to whom they belong.

Second—He should earnestly strive to follow all trade regulations and rules, promptly meet obligations, closely follow all contracts and agreements, and shoud not encourage or sanction any division of quantity purchases not contemplated in the terms of sale.

Respecting the Pharmacist's Relation With His Fellow-Pharmacist

First—In this relationship he should, especially, "do as he would be done by." He should not make any comment or use any form of advertisement that will reflect upon a member of the profession, generally or specifically. Nor should he do that which will in any way discredit the standing of other pharmacists in the minds of either physicians or laymen.

Second—He should not obtain, surreptitiously, or use the private formulas of another, nor should he imitate or use another's preparations, labels or special forms of advertising.

Third—He should not fill orders or prescriptions which come to him by mistake. Prescription containers with copies and labels of another pharmacist upon them may be filled by him upon request but he must invariably replace the labels with his own, thereby assuming proper responsibility.

Fourth—He should never request a copy of a prescription from another pharmacist; the owner of the prescription, being alone entitled to a copy, is the proper person to ask for it.

Fifth—He may borrow merchandise from another pharmacist, provided the practice is reciprocal and equally agreeable to both parties; but the better form is to pay a sum for the desired article equal to the cost and half of the profit to be obtained.

Respecting The Pharmacist's Relation With Physicians

First—He should positively refuse to prescribe for customers except in case of urgent emergency.

Second—He should not, under any circumstances substitute one article for another, or one make of an article for another, in a physician's prescription without the physician's consent.

Third—He should refuse to re-fill prescriptions or give copies of them when so instructed by the physician.

Fourth—He should not put advertisement of any kind on prescription blanks furnished to the physician, including the name and address of the pharmacy or pharmacist.

Fifth—He should not place copies of prescriptions upon containers unless ordered to do so by the prescriber, even though the patient should request it. Nor should he use any word or label, like "For External Use," "Poison," "Caution," etc., with due regard for the wishes of the prescriber, provided the safety of the patient and family is not jeopardized.

Sixth—Whenever there is a doubt as to the correctness of the physician's prescription or directions, he should invariably confer with the physician in order to avoid possible mistakes or unpleasantness; changes in prescriptions should not be made without such conference.

Respecting The Pharmacist's Relations With His Patrons

First—He should seek to merit the confidence of his customers, which, when won, should be jealously guarded and never abused by extortion or misrepresentation.

Second—He should supply products of standard quality only to patrons, excepting when something inferior is specified and paid for by them.

Third—He should charge no more than fair, equitable prices for merchandise and prescriptions; but the time required for the proper preparation of prescriptions should be duly considered and paid for.

Fourth—He should hold the safety and health of his patrons to be of first consideration; he should make no attempt to treat disease nor strive to sell nostrums or specifics simply for the sake of profit.

Fifth—He should consider the reckless or continued sale of drugs to habitues and the illicit sale of abortive medicines or poisons to be practices unbecoming a gentleman, a pharmacist and a member of this Association.

CONSTITUTION AND BY-LAWS

Revised and Adopted June 28, 1956

As Amended through July 2, 1964

Preamble

WHEREAS, to promote progress and to guard the well-being of our profession within the State, Pharmacists should be thoroughly organized, and

WHEREAS, the relations existing between Pharmacists, Chemists, Drug Wholesalers and Manufacturers are, and ought to be, of the most intimate and confidential character, and

WHEREAS, there exists great necessity for the enactment of just, and stringent laws in the interest of the public, to guard against the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and dispensing of drugs and medicines to those who are thoroughly competent and duly licensed. Therefore, be it

Resolved, that we, the Pharmacists, Chemists, Drug Wholesalers and Manufacturers of the State of Maryland in convention assembled do hereby organize ourselves into a permanent association and adopt the following Constitution and By-Laws.

CONSTITUTION

ARTICLE I.

This Association shall be known as the MARYLAND PHARMACEUTICAL ASSOCIATION INCORPORATED.

ARTICLE II.

OBJECT OF THE ASSOCIATION:

The object of this Association is to bring together the reputable Pharmacists, Chemists, and Allied Members of the drug industry of the State, that they may, by thorough organization and united effort, advance the science of Pharmacy promote scientific research and, in the interest of the public, strive to have enacted just, and stringent laws conforming to state and federal regulations, and to prevent the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and sale of drugs and medicines to duly educated and licensed pharmacists.

ARTICLE III.

TYPES OF MEMBERSHIP:

Section 1. This Association shall consist of active, associate, affiliate, honorary and life members.

Section 2. *ACTIVE MEMBERS*: Any licensed pharmacist in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one years, shall be eligible to active membership in this Association, upon subscribing to the constitution and by-laws of this Association and payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

Section 3. *AFFILIATE MEMBERSHIP*: Any person not a licensed pharmacist in the State of Maryland or others who have a proprietary or managerial interest in a drug store or pharmacy; any owner, members of a corporation or executive of an allied business or calling in the State of Maryland, of good moral character and standing, who shall have attained the age of twenty-one, shall be eligible to affiliate membership in this Association, upon subscribing to the constitution and by-laws of this Association, and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 4. *ASSOCIATE MEMBERS*: Any licensed assistant pharmacist; pharmacy interne; educator; or any person of an allied profession or calling in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one, shall be eligible to associate membership in this Association, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 5. *LIFE MEMBERSHIP*: Any active member who has paid at least twenty-five years continuous dues, may pay ten years current dues in advance to the Treasurer and shall be a life member. Life members shall have all the rights and privileges of active members, including the right to vote, but are not required to pay the annual dues, thereafter.

Section 6. *HONORARY MEMBERS*: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared honorary members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

ARTICLE IV.

OFFICERS AND EXECUTIVE COMMITTEE:

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts. After adoption of this Constitution, any of the five districts shall be entitled to one extra member on the Executive Committee on the basis of one member for every twenty-five dues paid members in the district. Representation shall not exceed eight members of the Executive Committee from any one district.

In addition. the Association may approve up to two members as recommended by the Executive Committee to serve as Executive Committeemen-at-large.

District 1: Eastern Shore. To include the following counties: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.

District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford, Howard and Baltimore City.

District 3: Southern. To include the following counties: Calvert, Charles, Montgomery, Prince Georges and St. Marys.

District 4: Northern. To include the following counties: Carroll, Frederick and Washington.

District 5: Western. To include the following counties: Allegany and Garrett.

All officers of this Association except the Executive Secretary shall be elected annually by ballot, and shall hold office until their successors are elected and have qualified. The Executive Secretary shall be appointed by the Executive Committee, to serve and act during the term of said Executive Committee.

Ex-Officio members may be elected annually by ballot, to the Executive Committee because of the office they hold. Ex-Officio members to the Executive Committee shall not vote.

The President of the Association shall become a member of the Executive Committee for the year immediately following his term as president, and he shall serve as chairman of the Executive Committee during this period.

Article V.

AMENDMENT OF CONSTITUTION:

Every proposition to alter or amend this Constitution must be submitted in writing, and, after being read at a duly constituted meeting shall be referred to the Executive Committee, and lie over until the next annual or duly constituted meeting of the Association, when, upon receiving an affirmative vote of two-thirds of the members present, it shall become part of this Constitution.

Article VI.

QUORUM:

Twenty-five members shall constitute a quorum for the transaction of business.

BY-LAWS

Article I.

DUTIES OF THE PRESIDENT:

The President shall preside over all meetings of this Association; he shall decide all questions of order, subject, however, to an appeal. He shall appoint all committees, unless their appointment is otherwise ordered by the

Association and shall be ex-officio, a member of the Executive and each standing committee. He shall present at each annual meeting a report and shall make such suggestions as may seem to him suitable to promote the interest and better carry out the objects for which this Association has been organized. He shall authenticate all proceedings by his signature.

ARTICLE II.

DUTIES OF THE OFFICERS:

In the absence of the President, or his inability to act, his duties shall devolve upon the Vice-Presidents in their order of rank.

ARTICLE III.

DUTIES OF THE EXECUTIVE SECRETARY:

The Executive Secretary shall make and keep correct minutes of the proceedings and conduct all the correspondence of the Association. He shall be ex-officio, a member and Secretary of the Executive and each Standing Committee. He shall carefully preserve on file all reports and papers of every description, and it shall be his duty, under direction of the Executive Committee, to edit the Maryland Pharmacist, publish and distribute the Proceedings of the Association, countersign all orders upon the Treasury and shall be paid an annual salary of a sum to be determined by the Executive Committee.

ARTICLE IV.

DUTIES OF THE TREASURER:

The Treasurer shall collect and safely hold all dues and other funds belonging to the Association, to the order of the Executive Committee. He shall report to the Executive Committee the status of membership of the Association. He shall at each Executive Committee meeting render a statement of his accounts showing all income and expenditures. He shall at each annual meeting render a statement of his accounts to the Executive Committee for audit and report a copy of the same to the Association. He shall be ex-officio, a member of the Executive Committee. He shall keep a separate account for the monthly journal, charging all expenses and crediting all receipts, setting out this account separately in his annual report. He shall countersign all orders upon the Treasury.

ARTICLE V.

DUTIES OF THE EXECUTIVE COMMITTEE:

The property and affairs of the Association shall be managed by the Executive Committee, consisting of the President, the four Vice-Presidents, the Chairman, who is the immediate preceding president, and members representing the districts of the State as determined in the Constitution. To the extent that the corporation laws of this State permits, the Executive Committee shall be the governing body of the Association and shall have and be entitled to exercise all the power of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new committee member shall hold office until the election and qualification of his successor.

The Executive Committee shall meet at such times and places as the committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the committee.

No member of the Executive Committee shall receive any compensation for his services as such.

Ten members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee.

Article VI

MEETINGS:

This Association shall hold its meetings annually at such time and place as the Executive Committee may name and shall give thirty days written notice thereof to the membership. Special meetings shall be called, upon the written application of ten members, directed to the President; said written application before being acted on must be submitted to the Board of Trustees, and receive the approval of a majority of said Board of Trustees, and at least fifteen days notice be given of the time, place and object of meeting in special session. Regional meetings may be held at such place as the President may designate which the officers and chairman of committees especially shall attend.

Article VII

BOARD OF TRUSTEES:

The officers of the Association shall constitute a Board of Trustees for the transaction of any business that may be intrusted to it.

Article VIII

FISCAL YEAR:

The fiscal year of this Association shall be the calendar year.

Article IX.

FINANCIAL ADMINISTRATION:

Section 1. All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee, provided such papers be signed by the Treasurer with the approval of the President or such other officer designated by the President.

Section 2. All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary after approval, shall first have been given by the Executive Committee or designated by the Executive Committee.

Section 3. The Executive Committee shall be empowered to establish dues for membership in the Association.

Section 4. The Executive Committee is authorized to allocate a portion of the annual dues for "Kelly Memorial Building Maintenance, Only".

Section 5. Any member, whose dues shall be in arrears for as of the time of the Annual Meeting shall, after due notification from the Treasurer, lose his rights as a member.

Section 6. The Executive Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine for his services.

Section 7. An annual audit shall be prepared by a certified public accountant, who has been approved by the Executive Committee, at the close of business on May 31st each year. A full and true report of the annual audit shall be given at the annual meeting of the Association.

Article X.

ORDER OF BUSINESS:

The Executive Committee shall furnish the order of business for each regular and annual meeting and shall furnish the Executive Secretary a draft of progress at least thirty days before the date of such meetings.

Article XI.

APPOINTMENT TO STATE BOARD OF PHARMACY:

A list of members of the Association, in good standing, being skilled and competent pharmacists who have had at least five years active pharmaceutical experience in compounding and dispensing physician's prescriptions, shall be submitted by the executive committee to the nominating committee, which latter named committee shall recommend at the annual meeting of the Association, a list of three eligible members for each vacancy to be filled by appointment of the Governor of the State of Maryland to the Maryland Board of Pharmacy. None of the candidates may be connected with the School of Pharmacy, either as a teacher, instructor, or a member of the Board of Trustees. The Board of Pharmacy shall consist of two members of the City of Baltimore, two members of the Counties of the State, and one member of either the City of Baltimore or the Counties of the State. The appointment shall be for a period of five years. In case of any vacancy or vacancies, whether from expiration of term, resignation, death or otherwise, the Governor shall appoint a successor from a list of Pharmacists of three times the number of vacancies to be filled, said list to be submitted by the Maryland Pharmaceutical Association. The said Commissioners shall, after notification of their appointment each subscribe to the oath prescribed by the Constitution of the State of Maryland and shall hold office until the appointment and qualification of his successor.

Article XII.

STANDING AND SPECIAL COMMITTEES:

The following Standing Committees shall be appointed annually by the President and approved by the Executive Committee:

1. Social Committee
2. Building Committee
3. Pharmacy Economics Committee
4. School of Pharmacy Committee
5. Professional Relations Committee
6. Legislative Committee
7. Membership Committee
8. Finance Committee
9. Auditing Committee
10. Public Relations Committee

11. Fair Trade Committee
12. Publications Committee
13. Pharmacy Week Committee
14. Pharmacy Committee
15. Civil Defense Committee
16. Nominating Committee
17. Resolutions Committee
18. Grievance Committee
19. Robert L. Swain Pharmacy Seminar Committee
20. Constitution and By-Laws Committee
21. Simon Solomon Pharmacy Economics Seminar Committee

The President shall also appoint such other special committees as he may, from time to time deem necessary or advisable. The number of members serving on Standing and Special Committees and the duties and responsibilities of all committees shall be determined by the Executive Committee and a report of all committees shall be submitted in writing at regular, special or annual meetings of the members.

Article XIII.

TRAVELERS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Travelers' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2. (Membership) Membership of the Auxiliary shall comprise all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Auxiliary shall pay seven dollars and fifty cents in annual dues to the Treasurer of the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Travelers' Auxiliary in matters pertaining to the program of entertainment for the annual meeting of the Association.

Section 5. (Powers) The Travelers' Auxiliary and Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

Article XIV

LADIES AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Ladies' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2 (Membership) Membership of the Auxiliary shall comprise of wives of pharmacists, teachers and all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Ladies' Auxiliary shall pay two dollars in annual dues to the Treasurer ot the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Ladies' Auxiliary in matters pertaining to the program of entertainment for its annual meeting of the Association.

Section 5. (Powers) The Ladies' Auxiliary and the Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

Article XV

STUDENTS' BRANCH:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of a Joint Students' Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association.

Section 2. (Membership) Students who are members of the third, fourth and fifth years' professional classes respectively, of the School of Pharmacy of the University of Maryland shall be eligible for active membership in the Joint Students' Branch.

Section 3. The Joint Students' Branch is hereby empowered to adopt a constitution and by-laws which constitution shall be approved by the Maryland Pharmaceutical Association before taking effect.

Section 4. The Joint Students' Branch is empowered to elect such officers and appoint such committees as provided for in the constitution and by-laws, including an Executive Committee. The President of the Maryland Pharmaceutical Association shall be a member ex-officio and without vote, of the Executive Committee of the Students' Auxiliary, and the President of the Joint Students' Branch shall be a member, ex-officio and without vote, of the Executive Committee of the Maryland Pharmaceutical Association.

Section 5. The Joint Students' Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association, shall send three delegates to the annual convention of the Maryland Pharmaceutical Association, such delegates to be appointed in accordance with the by-laws.

Section 6. The members of the Joint Students' Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association shall be entitled to receive "The Maryland Pharmacist" for each month of the college year, upon the payment to the Publications Committee of the Maryland Pharmaceutical Association the sum of one dollar ($1.00) per member.

Article XVI

AMENDMENT OF BY-LAWS:

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing. of the proposed changes be given at least fifteen days before the meeting.

Article XVII

ORDER OF BUSINESS:

The Order of Business at the annual meeting and special meetings where appropriate shall be as follows:

1. Call to order
2. Roll Call

3. Reading of Minutes of Previous Meeting
4. Reading of Communications
5. Reports of Officers and Committees
6. Unfinished Business
7. Election of Members
8. New Business including election of Officers and members at large of the Executive Committee.
9. Adjournment

ARTICLE XVIII

RULES OF ORDER:

Roberts Rules of Order shall prevail in the meetings of this Association.

CONSTITUTION AND BY-LAWS
TRAVELERS' AUXILIARY
MARYLAND PHARMACEUTICAL ASSOCIATION
(T. A. M. P. A.)

(Revised and Adopted April 2, 1960)

PREAMBLE

In accordance with the authority contained in Article XIII of the By-Laws of the Constitution of The Maryland Pharmaceutical Association, this organization shall be known as the Travelers' Auxiliary of the Maryland Pharmaceutical Association.

CONSTITUTION

ARTICLE I.

The object of this Association shall be to co-operate with the Maryland Pharmaceutical Association in promoting the general welfare of the drug trade and to be a permanent organization to aid in the entertainment of the parent Association.

ARTICLE II.

This Association shall meet regularly on the FIRST Saturday of each month, except July and August, unless otherwise ordered by a two-thirds vote of members present or by recommendations of the Governing Body.

The ANNUAL meeting shall be held during the time and the place of the Annual Convention of the Maryland Pharmaceutical Association.

ARTICLE III.

EXECUTIVE OFFICERS

The Governing Body of this Association shall be composed of Active Members only and shall consist of a PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THIRD VICE-PRESIDENT, SECRETARY, TREASURER, a Board of Directors consisting of nine members and the IMMEDIATE Past President who shall act as Chairman of the Board.

ARTICLE IV.

All officers of this Association shall be elected at the Annual Convention meeting. The PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THRD VICE-PRESIDENT, SECRETARY, TREASURER, shall be elected for a term of one year. Three DIRECTORS shall be elected for a term of three years each.

In the event of any officer not being able to perform any duties pertaining to his office, each following officer will perform the duties of the next highest office until the next ANNUAL CONVENTION.

The candidates for President, First Vice-President, Second Vice-President, Third Vice-President, Secretary, Treasurer receiving a majority of votes cast shall be declared elected to their respective office.

The three candidates of Directors receiving the largest number of votes cast shall be elected as Directors.

Article V.

The PAST PRESIDENTS shall constitute a permanent group to be known as the ADVISORY COMMITTEE.

Article VI.

This Association shall consist of ACTIVE MEMBERS, ASSOCIATE MEMBERS and HONORARY MEMBERS.

Article VII.

Twenty-five members (ACTIVE) shall constitute a quorum for the transaction of business.

Article VIII.

Every proposition to alter or amend this constitution must be formally submitted in writing to the membership and the Secretary must notify each member in writing at least thirty days prior to action thereon.

A two-thirds vote of the ACTIVE MEMBERS present is necessary for adoption at the next regular business meeting.

Article IX.

The By-Laws may be suspended at any regular meeting of the Association by a unanimous vote of the members present. Amendments to the By-Laws may be proposed by public announcement at any regular meeting. They must be presented in writing at that meeting and voted on at the NEXT regular meeting and will be accepted or rejected by a two-thirds vote of the ACTIVE members present.

Article X.

HONORARY PRESIDENT

To be elected at Annual Meeting for a term of one year.

BY-LAWS

SECTION I.

Duties of Officers and Committees

PRESIDENT—It shall be the duties of the President to preside at all meetings of the Association and its Governing Body and to perform such other duties as ordinarily pertain to his office. He shall also call a meeting of the Chairmen of the various committees at least twice a year.

VICE-PRESIDENTS—In the absence of the President or his inability to act his duties shall devolve upon the Vice-Presidents in the order of their rank. The Vice-President shall each be assigned with the responsibility to supervise the activities of the Committees assigned to them by the President.

SECRETARY—It shall be the duties of the Secretary to keep a record of all transactions of the Association and make a complete report, in writing, at the first regular business meeting following the Annual Convention.

TREASURER—It shall be the duties of the Treasurer to keep a record of finances of the Association and to deposit all funds in the name of the Association in a bank acceptable to the Governing Body and to make a complete report, in writing, at the first regular business meeting following the Annual Convention. Checks to be signed by the Treasurer but in his absence may be signed by, either the President or Secretary, whose signatures are on file with Depository.

GOVERNING BODY—This Body schall be charged with the transaction of all business not covered specifically by these By-Laws and shall hold meetings at the direction of the President to transact any necessary business and to hear the detailed report of the Secretary and the Treasurer as to finances and membership.

SECTION II.

All officers shall assume the duties of the offices to which they are elected at the first regular business meeting following their election. At this meeting, the President shall appoint the following PRINCIPAL and STANDING committees (except AUDITING, NOMINATING and CONVENTION committees which shall be appointed at a meeting prior to the ANNUAL meeting and any others deemed necessary.

ATTENDANCE
CUSTODIAN
EMORY G. HELM MEMORIAL FUND
LUNCHEON
THE MARYLAND PHARMACIST
MEMBERSHIP
PROGRAM
PUBLICITY
WELFARE

SECTION III.

Duties of Principal and Standing Committees

Chairman of each Committee shall call a MEETING of his Committee members at least twice a year and shall submit a report to the President.

ATTENDANCE—It shall be the duites of this Committee to keep a record of and to promote attendance at all meetings.

CUSTODIAN—It shall be the duties of this Committee to see that an American Flag, the T.AMP.A. Banner and any equipment of the Association is available and displayed at all meetings and be protected at all times.

EMORY G. HELM MEMORIAL FUND—This Committee's responsibility will be to perpetuate the Emory G. Helm Memorial Fund and create the funds and administer them for Charitable purposes, in the memory of Emory G. Helm, who served this Association faithfully for a period of thirty years as Secretary-Treasurer.

LUNCHEON—This Committee shall arrange menus for all Meetings, shall sell tickets at the door and see that all present are being served.

THE MARYLAND PHARMACIST—It shall be the duties of this Committee to cooperate with the Editor of the Maryland Pharmacist in supplying information, news of interest, activities of the T.A.M.P.A. Such information to be in the hands of the M.P.A. Editor not later than Monday following the Saturday of the regular monthly Meeting.

MEMBERSHIP—This Committee shall thoroughly investigate the character and eligibility of all applicants.

PROGRAM—This Committee shall arrange all programs for all regular meetings.

PUBLICITY—It shall be the duties of this Committee to furnish news of our activities to the press or any other medium.

WELFARE—It shall be the duties of this Committee to call on the sick and the families of the deceased and make a report at each regular meeting and also render any assistance within the power of the Association.

Duties of Special Committees

ADVISARY—This Committee shall act at the request of the President.

AUDITING—This Committee shall consist of three Past Presidents whose duties it shall be to audit the books annually and submit a written report, at the Annual Meeting.

CONVENTION COMMITTEES—The Convention Committees shall be selected and function at the discretion of the President.

NOMINATING—This Committee shall consist of three immediate Past Presidents, whose duties it shall be to suggest a complete roster of officers to be elected at the ANNUAL Meeting. This roster to be presented when called for by the President. Additional nominations may be made from the floor.

SECTION VI.

Membership

Active membership in this Association shall be limited to men calling on or affiliated with the Drug Trade, who are acceptable to the Governing Body of the Association.

Application for membership shall be in writing on the prescribed form and endorsed by two ACTIVE members and accompanied by one year's dues.

All applications or names of prospective applicants shall be furnished to the Secretary, who shall submit the prospective member's name, firm represented, and length of time employed by said firm, to the Membership Committee. The Membership Committee will be responsible for verifying applicants eligibility and for further determining his qualifications. They shall submit their report to the Secretary. If a favorable report is received, the Secretary shall announce the name or names in his written communication to the membership for action at the next regular business meeting.

Upon acceptance by two-thirds vote of ACTIVE members present the person or persons whose name was acted upon shall be notified by the Secretary, in writing, of his election, and his name will be inscribed on the rolls of the Association.

This Association shall have the power to expel a member by a vote of two-thirds ACTIVE members present at a regular business meeting, providing a trial is held for conduct against the best interests of the Association, but no person shall be expelled until he has been notified of the charges against him and given opportunity to present his defense.

Associate Members

An Associate Member of this Association shall be a member who by reason of change of occupation shall cease to qualify in the opinion of the Governing Body, as an Active Member but who desires to remain in the Association for its social contact. He will pay the regular dues but may not vote.

Honorary Members

The Governing Body may nominate for Honorary Membership. Members who in their opinion have rendered such services to the Association as to deserve this recognition. All such nominations to be subject to election by a two-thirds vote of the membership present at a regular or Annual Meeting. Such membership to carry no voting privilege and also to be exempt from the annual dues.

Dues

The annual dues of the members of this Association shall be seven dollars and fifty cents ($7.50) and shall be payable in advance on January first, of each year, and shall be considered in arrears, if not paid by the time of the Annual Convention, and such members shall be automatically dropped from the rolls. New members joining the Association after September first, dues are paid for the following Year.

PRESIDENTS
BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

(Formerly Baltimore Retail Druggists' Association)

The Baltimore Retail Druggists' Association was organized in 1909. The name of the Association was changed on January 1, 1958 to the Baltimore Metropolitan Pharmaceutical Association. Since its organization the following presidents have served:

*1909-1910—J. B. Thomas
*1911—W. W. Cherry
*1912-1928—R. E. Lee Williamson
*1929-1932—Samuel Y. Harris
*1933—Aquilla Jackson
1934—Simon Solomon
*1935—John F. Wannenwetsch
1936—J. L. Kronthal
*1937-1938—T. Ellsworth Ragland
1939—W. Scott Walb
1940—William E. Waples
*1941—Charles S. Austin, Jr.
*1942—Harry S. Harrison
*1943—Otto W. Muehlhause
1944-1945—Frank L. Swiss
1946—M. Martin Settler
1947—Frank J. Macek
1948—Morris L. Cooper
1949—Hyman Davidov
1950—Wilmer J. Heer
1951—I. Jack Parks
1952—Gordon A. Mouat
1953—Frank Block
1954—Stephen J. Provenza
1955—Henry M. Golditch
1956—Bernard Cherry
1957—Victor H. Morgenroth, Jr.
1958—Alexander J. Ogrinz, Jr.
*1959—Herman B. Drukman
1960—Gregory W. A. Leyko
1961—Sam A. Goldstein
1962—Jerome J. Cermak
1963—Aaron M. Libowitz
1964—Irving I. Cohen

**Deceased*

OFFICERS 1964
BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Honorary President—JOHN A. CROZIER
President—IRVING I. COHEN
1st Vice President—MARION R. CHODNICKI
2nd Vice President—JEROME A. STIFFMAN
3rd Vice President—FERDINAND F. WIRTH, JR.
4th Vice President—DONALD O. FEDDER
Secretary—NATHAN I. GRUZ
Secretary Emeritus—MELVILLE STRASBURGER
Treasurer—CHARLES E. SPIGELMIRE
Tresaurer Emeritus—FRANK L. BLACK

EXECUTIVE COMMITTEE

Chairman—AARON M. LIBOWITZ

JOSEPH H. MORTON
JOHN F. NEUTZE
CHARLES A. NITSCH
JOSEPH L. OKRASINSKI
JACOB L. RICHMAN
**PHILIP RICHMAN
WILLIAM C. ROSSBERG
*MORRIS SHENKER
MEYER STOLER

FRANCIS S. BALASSONE, Ex-Officio

**Resigned*
***Appointed to vacancy*

CONSTITUTION AND BY-LAWS OF BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

AMENDED AND NAME CHANGED FROM BALTIMORE RETAIL DRUGGISTS ASSOCIATION ON DECEMBER 5, 1957.

ARTICLE I

MEMBERSHIP

SECTION 1. Membership in the Association shall be divided into four classes: ACTIVE MEMBERS, LIFE MEMBERS, HONORARY MEMBERS, and ASSOCIATE MEMBERS

(a) ACTIVE MEMBERS: All registered Pharmacists who are or were actively engaged in the practice of retail pharmacy in Metropolitan Baltimore as owners of retail drug stores, are eligible to become active members. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Active Members present at regular annual meetings or in the interim, by a majority vote of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

(b) LIFE MEMBERS: Any Active Member who has paid dues for fifteen years, may pay the sum of $100.00 to the Treasurer and shall be a Life Member and shall be presented with an appropriate certificate by the President. Life Members shall have all the rights and privileges of Active Members, including the right to vote, but are not required to pay the annual dues, thereafter.

(c) HONORARY MEMBERS: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared Honorary Members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

(d) ASSOCIATE MEMBERS: Any Pharmacist or other person actively engaged in industries allied to the profession, who do not meet qualifications of Active Membership, may by paying such dues as determined by the Executive Committee be eligible to all rights and privileges of the Association, except to vote and hold office.

MEETINGS

SECTION 2. MEETINGS:

(a) ANNUAL MEETINGS: The annual meeting of the members for the election of officers and members of the Executive Committee of the Association and for the transaction of any other business that may be before the meeting shall be held in December of each year in the City of Baltimore at a time and place designated by the Executive Committee.

(b) SPECIAL MEETINGS: The Special Meetings of the members may be called by the President or a majority of the Executive Committee, upon five days written notice. Petitions requesting special meetings, signed by not less than twenty-five active members, addressed to the President, shall make it mandatory for such special meetings to be called.

SECTION 3. QUORUM: Twenty-five members who are entitled to vote shall constitute a quorum for the transaction of any business at any annual or special meeting.

ARTICLE II

EXECUTIVE COMMITTEE

SECTION 1. The property and affairs of the Association shall be managed by the Executive Committee consisting of fourteen members; the President, the four Vice-Presidents, the Chairman, (the immediate preceding President) and eight members at large. To the extend that the Corporation Laws of this State permit, the Executive Committee shall be the governing body of the Association and shall have, and be entitled to exercise, all the powers of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association, and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new Committe member shall hold office until the election and qualification of his successor.

SECTION 2. The Executive Committee shall meet at such times and places as the Committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the Committee.

SECTION 3. No member of the Executive Committee shall receive any compensation for his services as such.

SECTION 4. Six members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee, except as provided for in Article I, Section 1, paragraph (c).

ARTICLE III

OFFICERS

Section 1. The officers of the Association shall consist of a President, four Vice-Presidents, a Secretary and a Treasurer. Such officers shall be elected by the Active and Life Members at the regular annual meeting, and shall hold office for one year or until their successors are elected and qualified.

Section 2. The Executive Committee may, from time to time, appoint such other officers and agents with such powers and duties as the Committee may deem advisable.

Section 3. Any vacancy in any office shall be filled by majority vote of the Executive Committee.

Section 4. Any officer, or employee, may be removed at any time with cause by the affirmative vote of a majority of the Executive Committee or by any superior officer upon whom such power of removal may have been conferred by the Executive Committee, and such action shall be conclusive upon the officer or employee so removed.

Section 5. The officers shall perform such duties as may, from time to time, be designated by the Executive Committee.

ARTICLE IV

OFFICIAL SEAL

The official seal of the Association shall be inscribed thereon the name of the Corporation and the words "Incorporated 1958 Maryland."

ARTICLE V

FINANCIAL ADMINISTRATION

Section. 1.

(a) All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee provided such papers be signed by the Treasurer, with the approval of the President or such other officer designated by the President.

(b) All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary, after approval shall first have been given by the Executive Committee and shall include such signature or signatures of other officers as may be required and designated by the Executive Committee.

Section 2. The fiscal year of the Association shall be the calendar year.

Section 3. All Active Members, in order to maintain their status as Active Members, are required to pay dues in the amount of $10.00 per year payable on January 1st of each year, in advance. Any Active Member who is in default in the payment of his annual dues for one year shall automatically cease to be an Active Member of the Association.

Section 4. The Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine, for his services.

Section 5. A full and true statement of the affairs of the Association shall be submitted at the annual meeting of the members, and filed within twenty days thereafter at the principal office of the Association.

ARTICLE VI

STANDING COMMITTEES

Section 1. The following standing committees shall be appointed annually by the President, and the President shall be a member ex-officio of all such committees:

1. Social Committee.
2. Pharmacy Committee
3. Building Committee
4. Publicity Committee
5. Membership Committee
6. Committee on Attendance and Arranging Meetings
7. Ethical Practices Committee

8. Committee on Professional and Public Relations
9. Civil Defense Committee
10. Legislative Committee
11. Prescription Survey Committee
12. Good and Welfare Committee
13. Auditing Committee

The Executive Committee may also appoint such other special Committees as it, from time to time, may deem necessary or advisable.

The number of members serving on standing and special committees and the duties and responsibilities of all committees shall be determined by the Executive Committee, and a report of all committees shall be submitted, in writing, at the annual meeting of members.

ARTICLE VII

AMENDMENTS

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

ARTICLE VIII

ORDER OF BUSINESS

The order of business at the annual meeting and special meetings, where appropriate, shall be as follows:

1. Call to order
2. Roll call
3. Reading of minutes of previous meeting
4. Reading of communications
5. Reports of officers and committees
6. Unfinished business
7. Election of members
8. New business, including election of officers and members at large of the Executive Committee; and
9. Adjournment.

REGISTERED PHARMACISTS IN MARYLAND

The following list of Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland, 21201.

A

Aarons, Hillel R.
Aaronson, Alfred I.
Abarbanel, Judith
Aberbanel, Morton
Abel, Walter H.
Abelsky, Abraham
Abelson, Abraham A.
Abrahams, C. S.
Abrahams, N. H.
Abram, Robert N.
Abrams, Arthur M.
Abrams, Marvin H.
Abrams, Lawrence M.
Abrams, Rosalie G.
Abramson, Aaron
Abramson, Alfred
Abramson, Daniel J.
Abramowitz, Manuel
Abramovitz, Marjorie S.
Abramowitz, Robt. N.
Aceto, Mario D. G.
Adair, Carole S.
Adams, James H.
Adamson, Robert W.
Adelson, Morton J.
Adkins, Robert T.
Agris, George J.
Albert, Ada Celeste
Albert, Irvin J.
Albrecht, Walter E.
Albrecht, William F.
Aldrich, Clayton B.
Aldrich, Darwin F.
Alessi, Alfred Henry
Alessi, Edward J.
Alexander, Horace L.
Alexander, Latimer B.
Alexander, Lydia B.
Aldrich, Darwin F.
Allaband, Edgar R.
Allen, Anthony, III
Allen, Benjamin F.
Allen, E. B.
Allen, Claris M.
Allen, Lodell M. S.
Alliker, Morris J.
Alpern, Elwin H.
Alpert, Lawrence J.
Alven, A. Ralph
Amarant, Emil
Amernick, Harmond
Amass, Arnold Leroy
Amoia, Henry
Anders, W. Raymond
*Anderson, B. W.
Anderson, Chas. D.
Anderson, Chas. R.
Anderson, Don R.
Anderson, J. Erroll
Anderson, Solon Lee
Andrews, Marvin J.
Angster, Jerome
Angorn, Richard A.
Anoff, Bernard
Ansell, Max S.
Anshell, Marvin
Antal, Gyula
Anthony, Arthur F.
Anthony, Joseph G.
Antwarg, Alvin G.
Apitz, Fred W.
Appel, William J.
Applestein, Frank
Applestein, Harry A
Arapian, Ansel G.
Arch, Edward K.
Archambault, Paul J.
Archer, Fletcher W.
Archer, Theodore
Armstrong, Chas. L.
Aronson, Donald
Arrington, H. S.
Artigiani, Filiberto
Artsis, Morris
Asbill, J. Lewis
Ashby, James H.
Askey, Wilbur G.
Atlas, Harvey H.
Atwell, Daniel S., Jr.
Augsburger, Larry L.
August, Henry John
Austerlitz, John S.
Austraw, Geraldine L.
Austraw, Richard F.
Avedisian, Paramaz
Avent, T. E.
Avinger, Noel S.
Axelrod, Stuart
Ayd, John Joseph
Ayd, Joseph M.
Aytes, Chester Ray

B

Babst, Edward Ralph
Baer, Philip C.
Bachman, Fenton L.
Bachrach, M. E.
Baer, Adolph
Bahr, James D.
Bahr, Raymond D.
Baier, John Cletus
Baikstis, Anda A.
Bailey, Grafton D. P.
Bailey, Halcom S.
Bailone, Wm. A., Jr.
Bair, Schafer B.
Bakas, James A.
Baker, Barbara A.
Baker, Larry
Baker, Daniel S.
Baker, G. F.
Baker, Harley E.
Baker, Israel
Baker, J. Elmer
Baker, Jeanne, A.
Baker, William
Balassone, Francis S.
Balcerak, Eugene P.
Balcerzak, A. E.
Baldwin, G. Mitchell
Balje, Richard A.
Balliet, Woods D.
Balmert, Clemens A.
Balotin, Louis Leon
Baltz, George E.
Bambrick, Vincent C.
Bank, Albert
Bankard, Jesse C.
Banks, David E.
Barbacoff, Alec
Barcus, Glenn W.
Barke, Daniel S.
Barke, Sheldon Saul
Barlow, Sara A. LeV.
Barlow, Robert J.
Barnes, Attison L., Jr
Barnes, Forrest P.

Barnett, Edward J.
Barnett, Ruth Ella
Barnett, William M.
Barnstein, Fred S.
Barnum, Charles W.
Baron, Melvin A.
Barone, James A.
Baroti, Ethel
Barrett, A. G.
Barrett, Harvey W.
Barrett, Henry H.
Barrett, Sister Agatha
Barrett, William H.
Barrie, Louis C.
Barron, David D.
Barron, Frank R.
Barry, Wilbur Ford
Barshack, Irwin S.
Barshack, Jack
Barsky, Samuel
Bartlett, Fitz James
Barton, Cynthia LaL.
Bartoshesky, Louis H.
Basik, Harvey E.
Bass, Benjamin
Bass, Harry
Bassett, Irving A.
Batalion, Abraham L.
Batchison, Joseph C.
Batdorf, John B.
Batease, John Charles
Batie, A. Lester
Batt, William H.
Bauer, John C.
Baughman, Bertram
Bayer, George
Baylis, Richard D.
Baylus, Meyer Milby
Baylus, Joseph
Beal, Agnes A. K.
Beall, Clara
Beam, John H.
Beam, Merlin A.
Beatty, Annie K.
Beck, Herbert
Beck, Samuel D.
Becker, Edward P.
Becker, John Wilbert
Becker, Stanley L.
Beckley, J. Harry
Beer, Donald Richard
Behrman, Bernard F.
Beistle, Mathew J.
Beitler, Ben
Beitler, Leonard
Belbot, Emma N.
Belford, Joseph
Belford, Stanley H.
Bell, Abraham P.
Bell, David W., Jr.
Bell, Frank Kelly

Bell, Raymond M.
Bell, William R. Jr.
Beller, John R.
Bellis, Walter S.
Bellman, Frank A.
Belt, James F.
Bender, Maurice
Benfer, Benjamin D.
Benkovic, George J.
Bennett, C. W., Jr.
Bennett, Lester Leroy
Bensel, Robert John
Benson, Charles M.
Benson, Michael T.
Bentheme, James A.
Bentz, William A.
Benya, Theodore J.
Bercovici, Bernard S.
Bercovitz, Leon J.
Berger, Abraham A.
Berger, Alan Burton
Berger, Charles J., Jr.
Berger, George W.
Berger, Jerome Alvin
Bergeron, Paul R., II
Bergner, Samuel W.
Bergstein, Robert S.
Berkowich, Melvin I.
Berman, Abraham S.
Berman, Frederic T.
Berman, Gilbert S.
Berman, Maurice J.
Berman, Mitchell
Bernabo, Albert C.
Bernard, Charles V.
Bernardini, Jose R.
Berman, Norman I.
Bernas, Albert Earl
Berngartt, Elmar B.
Bernhardt, Henry
Bernhardt, William
Bernstein, Alvin S.
Bernstein, Stanley
Berkowitz, Samuel
Berlanstein, Joseph
Berlin, Alvin
Berlin, Jerome
Bernstein, Edwin E.
Bernstein, Joseph C.
Bernstein, Nathan
Bernstein, Stanley
Berry, M. B.
Berry, Robert Alden
Berry, Robert Earl
Berry, Robert M., Jr.
Berryman, C. H.
Berson, Seymour A.
Bettigole, Philip
Beyer, Jane
Beyer, Robert Ernest

Bialek, Samuel M.
Bialek, Ted
Biasini, Adolph P.
Bickle, John C.
Bickel, Louis M.
Biggs, John Gregory
Billian, Bernard
Bilodeau, John R.
Bierley, Roy Murray
Bindok, Edw. J.
Binstock, Albert
Birkin, Brent B.
Bishop, Davis N.
Bitner, Glen R.
Bixler, Richard S.
Blair, Ralph Diener
Blake, Andrew B.
Blake, David A.
Blank, Mary Ellen McGinn
Blankman, Albert J.
Blatt, Harry F.
Blatt, Thomas H.
Blattstein, Flora
Blau, Eugene R.
Blaustein Arnold L.
Blechman, Charles
Blitz, Louis
Bloch, Donald E.
Block, Frank
Block, Jerome
Block, John Fred.
Block, Lawrence H.
Block, Lawrence Yale
Block, Ronald L.
Block, Samuel
Bloom, Eli H.
Blough, Myron Earl
Blue, Barbara M.
Blum, Abraham
Blum, Joseph Sydney
Blumberg, Eli T.
Blumson, Samuel S.
Boatman, Ernest A.
Boden, Edwin
Boeder, Leo
Boellner, Otto K., Jr.
Boeren, John Gilbert
Bogash, Philip
Boggan, Robt. F.
Boggs, Dorothy Jane
Bogen, Ellis B.
Boisfeuillet, Frank S.
Bomstein, Solomon
Bonanno, Placido A
Bondareff, Erwin A.
Bookoff, Morris
Booth, Wm. H.
Borcherding, Wm. H.

Bryan, Ralph H.
Borenstein, Jack B.
Borg, Eugene G.
Borgatti, Richard J.
Borland, Hugh Kelly
Bortnick, Morris H.
Bosch, Charlotte T.
Bosch, Noel J.
Bosserman, Charles
Bossle, Paul C.
Bourne, Benjamin P.
Bower, Edwin L.
Bower, Martin R.
Bowen, Curtis A.
Bowen, James M.
Bowie, Allen H.
Bowles, Adam J.
Bowman, A. E.
Boyd, Carville B.
Boyd, George W. F.
Boyd, Patricia G.
Boyd, Wm. Merton
Boyer, Gary H.
Boyer, Ralph Lewis
Bozman, Kenneth B.
Braden, Walter Buel
Braden, Wayne Ansel
Bradenbaug, Don L.
Bradford, J. Henry
Bradley, Frank H.
Bradstock, Alden, Jr.
Brady, Robert Wilson
Bragonier, James
Brager, Stanley S.
Brager, Stuart H.
Brahen, Leonard S.
Brambaugh, Benj. B.
Bramble, Henry S.
Brannon, Wilson Lee
Brant, Robert E.
Brashears, Charles L.
Bratten, Blanche R.
Braude, Monique C.
Brault, Paul Robert
Braunstein, I. M.
Bray, Edmond H.
Brazius, Joseph V.
Brenner, Joseph
Breslin, Frederick W.
Bress, Jerrold F.
Bretler, Herman B.
Brickman, Hilliard
Bridges, William S.
Briele, Henry A.
Briggs, P. M.
Brickman, Allen G.
Brill, Maurice Erwin
Brill, Michael M.
Brilliant, Alan Wolf
Bringenberg, John G.
Brining, Benton
Brink, Joseph Wm.
Brinkley, Guy O.
Brinkmann, Fred E.
Brinsfield, Jay Royce
Brinsfield, Wm. S.
Briody, Elizabeth M.
Bristow, Wm. Brooks
Britcher, Frank N.
Brocani, Francis J.
Brodie, Stanley Alan
Brodsky, E. M.
Brodt, Dan Pendelton
Brody, Robert D.
Broe, James A.
Bronstein, Miriam S.
Bronstein, Myer
Brooks, Florence G.
Brooks, George R.
Brooks, Jean Louise
Brooks, Robert A.
Browdy, Emanuel
Brown, Chas. Wesley
Brown, David N.
Brown, Douglas W.
Brown, Harry James
Brown, Harold K.
Brown, Joseph K.
Brown, Laroy P.
Brown, Lewis L., Jr.
Brown, Samuel
Brown, Thomas C.
Brownstein, H. S.
Brownstein, Marshall P.
Brownstein, Milton J.
Bruckheimer, Irving M.
Brune, Richard C.
Brunner, George L.
Brunier, George F.
Brunnett, William L.
Brunson, Gerald N.
Bryan, Carroll L.
Budacz, Frank M.
Budacz, P. Thomas
Buchanan, G. Hayes
Buck, Robert L.
Buckman, Frank W.
Bulger, Willard Lane
Buongiorno, Ernest
Buppert, Hobart C.
Burgee, Sydney L., Jr.
Burgess, Samuel
Burgess, Ella N.
Burka, Leon H.
Burke, George J.
Burke, John V.
Burke, Lawrence A.
Burkhart, V. deP.
Burkholder, Ralph E.
Burkin, Abraham J.
Burnett, Benjamin E.
Burns, Herbert J., Jr.
Burns, Freida H.
Burns, Stanley J.
Burros, Stanton
Burrows, Roscoe T.
Burrows, Dudley A.
Burriss, Morris
Burton, Ed. Thomas
Butler, F. J.
Butler, Henry Milton
Butler, J. E.
Butler, Maybelle L.
Butler, Richard A.
Butt, Frederick D.
Byron, Joseph I.
Byron, Joseph J.

C

Cahn, Albert M.
Calas, Andre' T.
Caldwell, Eben S.
Caldwell, John R.
Caldwell, Lee A.
Call, Tracey Gillette
Callan, H.
Calmen, Elmon H.
Cameron, Simon H.H
Campbell, Thomas W.
Campbell, Wm. D.
Campbell, Vincent A.
Cannon, William N.
Cansey, Henry D.
Caplan, Bernard S.
Caplan, Carl Michael
Caplan, Clarence C.
Caplan, Clarice
Caplan, Milton
Caplan, Robert M.
Caplan, Yale H.
Carlson, David R.
Carlson, Joe Mark
Carofano, Edward
Card, Nathan C.
Careney, Wm. F.
Carey, Alford R.
Carey, L. B.
Carleton, Henry L.
Carlin, Henry P.
Carmel, Harry Louis
Carmel, Joseph
Carnevale, Joseph A.
Carney, Harry G.
Carouge, Gilbert M.

Carouge, Wm., Jr.
Carr, Chas. Jelleff
Carroll, J. M.
Carson, James O.
Carter, Paul M.
Carter, Russell E.
Carton, Frieda
Caruso, Ugo F.
Carver, Dorothy Kent
Carver, Renzo S., Jr.
Casey, John Joseph
Cassidy, Elizabeth C.
Catlett, Ollie Edwin
Catterton, Edward L.
Cauffman, Edwin C.
Cavacos, Andrew T.
Cavallaro, Joseph W.
Ceccorulli, Donald J.
Celio, Robert J.
Celler, Maximilian
Celozzi, Matthew J.
Cermak, Bertha M.
Cermak, Jerome J.
Chack, Eli S.
Chack, Morton S.
Chadduck, Harry W.
Chaiet, Melvin
Chalfont, Eugene E.
Chan, Pearl
Chance, Albert A.
Chandler, N. W.
Chang, Gloria
Chang, Robert
Chankin, Norman
Chatlin, Gerald M.
Chatkin, Robert
Chatkin, William C.
Chavous, Clarence N.
Checcone, Gene L.
Cherepow, John A.
Cherney, Louis
Cherricks, Robt. V.
Cherry, Bernard
Chertkof, Freida
Chertkoff, Marvin J.
Cheslow, Nathan L.
Chick, Stephen
Chidester, Clay C.
Chilcoat, George O.
Chilton, Monroe Ira
Chipley, Albert Lee
Chodnicki, Marion R.
Cholden, Lawrence D
Chow, Jean
Christopher, Joseph
Chupnick, David
Chyatte, Eli Isaac
Cimino, Edward R.
Citrenbaum, B. F.
Citrenbaum, Lewis A.
Citrenbaum, Morris
Claney, William J.
Clapp, Clarence
Clark, Frank Black
Clarke, David C.
Clarke, Sister Mary Carmel
Clarke, Thomas, Jr.
Claybaugh, Springer
Clayman, David S.
Clayman, Jerome H.
Clayton, Guy W.
Clements, John Wm.
Clerget, Lyle L.
Cline, Harvey E.
Clinger, Richard G.
Clinger, William T.
Clyman, Sidney Gary
Coakley, Andrew J.
Cobots, Jeanette
Codd, Francis I.
Coffman, Chas. W.
Cohan, Nath. Tolbert
Cohen, Abraham N.
Cohen, Allan Ira
Cohen, Archie R.
Cohen, Arthur S.
Cohen, Benjamin
Cohen, Bernard C.
Cohen, Bernard I.
Cohen, Bernard J.
Cohen, Burton D.
Cohen, David H.
Cohen, Estelle G.
Cohen, Gerald Ivan
Cohen, Gilbert
Cohen, Harry C.
Cohen, Harry I.
Cohen, Harry J.
Cohen, Harvey
Cohen, Hershel
Cohen, Irvin J.
Cohen, Irving
Cohen, Irwin
Cohen, Irving Isadore
Cohen, Isador M.
Cohen, Isidore
Cohen, Jack Ronald
Cohen, Jacob
Cohen, Joseph
Cohen, Joseph W.
Cohen, Jules
Cohen, Lawrence J.
Cohen, Louis James
Cohen, Maurice D.
Cohen, Max Hurston
Cohen, Michael D.
Cohen, Morton B.
Cohen, Philip
Cohen, Ronald A.
Cohen, Samuel
Cohen, Samuel C.
Cohen, Samuel H.
Cohen, Stanley
Cohn, Edward
Cohn, Melvin
Cohn, Nathan
Colbert, Alberta C.
Colbert, Frank L.
Colborn, Geo. W., Jr.
Colclough, John J.
Cole, B. Olive
Cole, S. Charles
Coleman, Mary Ann
Coleman, Sister Geraldine
Coleberg, Carl L.
Coleman, W. S. E.
Collier, George R.
Collins, C. W.
Collins, Ernest W.
Collins, Hugh Fenton
Collins, Leo Joseph
Colucci, Nicholas Jos.
Colvin, Ralph
Combs, Joseph L., Jr.
Comer, Bernard V.
Condo, Clyde F., III
Conklin, Nancy C.
Connelly, Mary W.
Conner, James R.
Connor, Edwin A.
Connor, William J.
Conrad, Marlene E.
Conway, George W.
Constantine, Chris G.
Contrino, Gabriel M.
Cook, Frank E.
Cook, Herbert Clark
Cooley, William A.
Coombs, William D.
Cooper, Abraham S.
Cooper, H. H., Jr.
Cooper, Harold L.
Cooper, James
Cooper, June Craven
Cooper, Morris L.
Cooper, Samuel J.
Copeland, Harry T.
Cooper, Nathan N.
Coplin, Louis I.
Corbin, James L.
Corkle, Donald B.
Cornblatt, Edmond A.

Cornell, Fred. B., Jr.
Cornias, William N.
Corrick, Lester S.
Costabile, John J.
Cotlin, Joseph A.
Cottel, Joyce Adair
Cotter, Charles J.
Cousins, Walter H.
Cox, George T., Jr.
Cox, Percy P.
Cragg, James P., Jr.
Craig, B. H.
Craig, L. B.
Cramer, Robert D.
Crane, Frank T.
Crane, Richard R.
Creamer, John J.
Creswell, Lee D.
Crispens, Gordon M.
Crispens, Warren E.
Crocamo, Ralph J.
Crofton, Wilbur E.
Cross, John Milton
Crouse, James Earl
Crovetto, Felix R.
Crowell, Thomas A.
Crunkleton, Chas. L.
Crystal, Howard
Cummings, Maurice
Cunzeman, John LeR., Jr.
Currey, Tracey A.
Currier, Calona Dail
Curtis, Alfred Duane
Custis, Daniel P.
Custis, Harry J., Jr.
Cwalina, Gustav E.
Cwynar, Frank F., Jr.
Czapiewski, Eugene
Czekaj, Leo M.

D

D'Adamo, Pasquale J.
Dagold, Donald J.
Daily, Louis J. E.
Daley, Wm. J., Jr.
Dalgarn, Ira N.
Dalinsky, Harry A.
Dalton, John F.
Damasiewicz, W. Jr.
Damazo, Herbert S.
Damico, Samuel
Dammeyer, C. F. W.
Danoff, Abe
Danoff, Jerome Allen
Danziger, David Gerd
Darlington, R. G.
Daubon, Ramon L.
David, Alphonse S.
David, Irvin
Davidov, Arnold Lee
Davidov, Benjamin
Davidov, Hyman
Davidov, Louis
Davidov, Samuel
Davidov, Vivian S.
Davidson, Meyer
Davidson, Saul David
Davies, Burton T.
Davies, Donald W.
Davies, Joseph Wm.
Davis, Adam, Jr.
Davis, Alfred L.
Davis, Edwin B.
Davis, Eugene H.
Davis, George A., Jr.
Davis, J. Edward
Davis, Joel Samuel
Davis, Lee H.
Davis, Paul E., Jr.
Davis, Rebecca H.
Davis, Samuel
Davis, Sydney V.
Davis, William B.
Dawes, Thorpe T.
Dawson, George R.
Dawson, Harold M.
Dawson, Leroy O.
Dawson, Thomas C.
Day, Harold Lewis
Dayton, LeRoy E.
D'Ambrosio, J. E.
Dean, Cloyd Chas.
Deans, John
DeBoy, John Michael
Debus, Albert
Decker, Allan Irwin
Dechter, Gerald Y.
Deems, John T., Jr.
DeGele, George Oscar
Deist, Freeman P.
Deist, Mariana K.
Deitch, Erwin
DeJulio, Luigi
Delcher, C. Rodgers
Delgado, Frank A.
Del Vecchio, Frank
Demarest, Dudley A.
Dembeck, Bern., Jr.
Dembeck, Walter D.
Dembiec, Walter J.
Dembo, Julius L.
Deming, Martin E.
DeMino, Leonard J.
Denison, Macel M.
Dent, F. J.
Derman, Sheila K.
DeRoca, Salvatore J.
Derr, Samuel
Derry, Harold T.
Deutschman, B. H.
Devan, William
Dewing, Arthur A.M.
Dezenhall, Mervin B.
Diamond, Frank
Diamond, Louis
Dickerson, Enoch W.
Dickinson, James M.
Dickinson, Harvey J.
Dickinson, James A.
Dickinson, William B.
Dickman, Arnold L.
Dickman, Hyman
Dickman, L. H.
Dickstein, Benjamin
Diener, Nelson G.
Diener, Samuel
Dietel, Hermon, Jr.
Diering, W. L.
Dietrich, Jos. Wm.
Dichter, Jack C.
DiGiovine, John J.
DiGristine, Mary R.
Dinges, Frank C., Jr.
DiPaula, Vincent R.
Dittrich, Theodore T.
Dittus, Richard H.
Doane, Allan H.
Dobropolski, A. J.
Dobrowolsky, Myron
Dodd, Wm. Anthony
Dodson, Garland C.
Dolejs, Gerald T.
Domsky, Bessie
Donahoe, Walter J. A.
Donaldson, John E.
Donath, William D.
Donato, Vincent F.
Donnet, John
Donohue, Frank J.
Doorenbos, Fumiko I.
Dorcas, Ramona S.
Doren, Gerald S.
Dorfman, Joseph Sol
Dorsch, Joseph U.
Dosch, Philip Paul
Doty, Elmer C.
Doty, Willard A.
Dou, A. M.
Dougherty, John H. Jr.
Dougherty, Leon P.
Douglass, Dolores Z.
Dow, Harry

Downs, Grant, Jr.
Downey, Fred. W.
Downs, B. E.
Doyle, James D., Jr.
Doyle, John P.
Drabnis, A. J., Jr.
Drapkin, Leon I.
Drennen, James H.
Dripps, Samuel M.
Driskill, R. Hayes
Dudley, F. E., Jr.
Dreizen, Sidney
Dreyer, Frederick, Jr.
Dubner, Hillel
DuBois, Norman
Duda, Walter J.
Duffy, Arthur L.
Duffy, William T.
Dugan, Frederick P.
Dugan, Walter C.
Dukes, L. Reyner
Dull, Joseph E.
DuGoff, Albert M.
Dunbar, Ruth
Duncan, Chester A.
Dunehew, Glenn Dale
Dunkel, Lawrence
Dunker, Melvin F.W.
Dunn, Charles G.
Dunning, James W.
Dunson, George L.
Duritz, Gilbert
Durm, Noel Elton
Dvorak, Geo. James
Dyott, William H.

E

Eagle, Philip T.
Eakle, Roy S.
Eason, Frederick B.
Easton, James O., Jr.
Eaton, Robert Arthur
Eckhardt, Henry
Edelen, James Adrian
Edell, Marvin L.
Edelstein, J. Horace
Edenfield, Charles H.
Edlavitch, Sam
Edmonds, Edmund H.
Edwards, Edward
Edwards, James D.
Edwards, Paul H.
Edwards, Victor R.
Edwards, W. K.
Edwards, Stanley E.
Efros, Ida
Eger, W. M.
Ehudin, Herbert
Eichberg, Daniel M.
Eichelberger, M. F.
Eidelman, Nathan
Einbinder, Sylvan P.
Eisen, Martin D.
Eisenberg, Edwin F.
Eisenberg, Harry H.
Eisenberg, Louis
Eisentrout, H. G., Jr.
Eisman, Morris J.
Eldredge, William P.
Eldridge, Warren P.
Eley, Chester F.
Elizondo, Cesar M.
Ellerin, Albert A.
Elliott, Mrs. C. V.
Elliott, Donald B., Jr.
Elliott, Paul Prag
Elliott, T. C.
Ellis, Lawrence Cash
Elsberg, Milton L.
Elwyn, Harold M.
Emery, Roy Fred
Emison, James Mack
Emory, Thomas B.
Endo, Kikuo R.
Engberg, John Jos.
Engel, Ralph
Englander, C. W.
Enten, Harry
Enterline, Jo Anne S.
Epley, William
Epstein, Arnold
Epstein, Irwin B.
Eshleman, Joseph M.
Estwick, Bertram M.
Esslinger, Edward C.
Esslinger, Edwin W.
Essinger, Robert R.
Esterson, Neil Earl
Etzler, S. Alvin
Etzler, Edward A.
Evald, Gunnar N. G.
Evans, Frank Barton
Evans, M. J.
Exler, Samuel H.
Eybs, Earl Francis
Ezrin, Alvin

F

Fader, John F., II
Fadgen, Michael J.
Fahrney, Frederick W.
Fainberg, Alvin Jay
Fainberg, Edward
Fairey, Edison A.
Falck, James Stanley
Farber, David
Farina, Morton B.
Fassberger, Charles A.
Faulkner, Ellis E.
Fauss, Albert L., Jr.
Fazenbaker, Ed. A.
Fearer, William H.
Fedder, Donald O.
Fedder, Eli
Federman, John J.
Federman, R. H.
Fee, George Thomas
Fee, John Samuel
Feingold, Charles
Feinstein, Bernard S.
Feinstein, Isadore
Feinstein, Morris
Feirstein, Stuart P.
Feit, Leon
Feldman, Charles W.
Feldman, David
Feldman, Edward
Feldman, Herbert
Feldman, Jack
Feldman, Leon H.
Feldman, Milton
Feldman, Milton H
Feldman, Morris
Feldstein, Benjamin
Felicetti, Dominic
Felsenberg, S. Z.
Fennell, Theresa 1.
Fenton, Paul T., Jr.
Feret, Julius W.
Ferguson, F. P.
Ferguson, Lebrow W.
Feroli, Ernest Robert
Ferrante, D. A.
Ferraro, Marlene S.
Ferrin, Victor W.
Fertick, Albert A.
Fibus, David
Fields, Thomas E. R
Fiery, Frank P.
Fiery, Max J.
Fine, Ann Sue B.
Fine, Jerome L.
Fine, Morris A.
Fineman, Bill L.
Fineman, Hyman
Fineman, Jerome
Fingerhut, Harold I.
Fink, Ellwood
Fink, Francis T.
Fink, Irvin
Fink, James A.
Finkelstein, Karl H.
Finn, William James
Finney, Harriet Bell
Firnbacher, Fred S.
Fischer, I. M., Jr.

Fischer, E. Hamilton
Fishbein, William
Fishbein, Hirsch Y.
Fisher, Arthur
Fisher, Delphia F. Jr.
Fisher, Donald V.
Fisher, Edward H.
Fisher, Joel N.
Fisher, O. H.
Fisher, Philip E.
Fisher, William G.
Fishman, Alan D.
Fitez, George R.
Fitzgerald, John L.
Fitzsimmons, M. J.
Fitzsimmons, Sister Agnes
Flaherty, Ruth M. (Sister James Marie)
Flanagan, Robert M.
Fleckenstein, Paul A.
Fleisher, Harry
Flescher, Julius
Fletcher, J. Paul
Flom, Charles
Flom, Sidney Herbert
Floyd, Melvin L.
Foer, Raymond
Foer, Robert
Foerster, Fred
Fogg, Frank Emil
Folckemmer, C. W.
Foley, Wm. Thomas
Foley, William T., Jr.
Folus, Irvin H.
Fonke, F. W.
Ford, Robert Stewart
Forman, Leonard Q.
Forman, Robert R.
Forsyth, Allan R.
Foss, Noel Elmer
Foster, Carroll P.
Foster, Russel C.
Fouch, Marshal S.
Fountain, Bernard L.
Fountain, Harold J.
Foust, John C.
Fowler, Esther Ellen
Fowler, Ruth Marie
Fowler, Thomas J.
Fox, Abraham
Fox, Chester David
Fox, Marshall H.
Fox, Samuel
Fox, Samuel L.
Fox, Will N.
Foxman, Marvin Jay
Fraase, Erwin E.
Frailey, William A.
Frame, Tom L.
Francik, Joseph
Frank, Milton M.
Frankle, Harold N.
Franklin, Eugene H.
Franklin, I. Y.
Franks, Dolores
Franzone, Francis
Franzoni, F. R. Jr.
Fraser, Stanley F.
Freed, Israel
Freed, Mayer N.
Freedenberg, Gerald Norman
Freedenberg, Marvin
Freedman, Leonard
Freedman, Albert
Freedman, Hannah
Freeman, Emanuel G.
Freeman, John J.
Freeman, Joseph S.
Freeman, Maysville J.
Freeman, W. Perry
Freeman, W. St. J.
Freidson, Morris
Freiman, Paul
Freiman, Joseph
Frey, Lewis Leslie
Fribush, Robert
Fried, Burton
Friedel, Stuart L.
Friedlander, Paul M.
Friedlander, S. A.
Friedmann, Aaron J.
Friedman, Albert
Friedman, Albert J.
Friedman, Arnold M.
Friedman, Bennett A.
Friedman, Charles S.
Friedman, Gilbert I.
Friedman, Herbert
Friedman, Howard
Friedman, Irvin
Friedman, H. M.
Friedman, Jerome S.
Friedman, Julian M.
Friedman, Louis J.
Friedman, Marvin A.
Friedman, Melvin
Friedman, Milton A.
Friedman, Nathan
Friedman, Nathan J.
Friedman, Samuel L.
Friedman, Saul B.
Friedman, Sheldon
Frieman, Jack
Friesen, Irvin A.
Frishberg, Kenneth
Frishman, Samuel E.
Frohman, Isaac
Frontera, Victoria R.
Frye, Wordley D.
Full, David E., Sr.
Fuller, Albert Irwin
Fulmer, Verne R.
Fulton, David H.
Funk, James R.
Furbee, Arza
Futeral, Nathaniel
Futrovsky, Charles

G

Gaber, Jerome
Gadol, Ellis
Gaetz, Edward F.
Gagne, Joseph
Gagnon, Henry J., Jr.
Gagnon, Lester R.
Gaine, Jerome
Gakenheimer, Albert C.
Gakenheimer, H. E.
Gakenheimer, W. C.
Gallagher, Chas. T.
Galloway, Louis E.
Galley, Roland P.
Galperin, Irving O.
Gandel, Stephen J.
Gann, Jack
Garache, Joseph J.
Garden J. Harry
Gardnier, Robert H.
Garfinkel, Meyer
Garner, Elliott Quinn
Garner, Sister Mary Florence
Garrison, Frederic
Gaskin, Patricia H.
Gass, Chas. B.
Gates, Earl A.
Gatto, Louis M.
Gaver, Herman S.
Gaver, Paul G.
Gaver, Paul G., Jr.
Gawthrop, Alfred J.
Gavlinski, John E.
Gazda, John Joseph
Gearhart, James H.
Geber, Isidor J.
Geesey, Alton Luther
Gefen, Stanley J.
Gehring, Otto
Geiger, Edward B.
Geiger, George B.
Geist, Gene N.
Gelb, Edward

Gelblum, Samuel
Gellman, Murry
Gellman, Paul
Gelman, Martin S.
Gelmini, Deno G.
Gelrud, Jack
Gendason, Harry B.
Geoghegan, J. R., Jr.
George, Theodore
Geraghty, James T.
Gerber, David
Gergel, Stella F.
Gerstein, Charles
Geser, Alvin N.
Getka, Joseph F.
Getka, Milton S.
Gettleman, Harry
Giampietro, Vincent
Giannetto, Paul
Gibb, Thomas Edw.
Gibbs, Hiram H.
Gibbs, Jocelyn L.
Giffen, Robert C.
Gilbert, Theodore
Gilbertson, K. G.
Gildea, William J.
Giles, Emily Julia
Gilkeson, J. G.
Giller, Morris
Gillespir, Julian M.
Gilliece, Owen J.
Ginaitis, A. S.
Ginsberg, Samuel H.
Ginsberg, Benjamin
Ginsburg, B. H.
Ginsburg, Harry
Gissel, Elmer Andrew
Gitomer, Betty
Gitomer, David J.
Gitomer, Louis
Gittleson, Ralph L.
Gladstone, Charles F.
Glaeser, Henry J., Jr.
Glascock, Arthur B.
Glaser, Abraham E.
Glaser, Louis Lester
Glashofer, Sidney
Glass, Abraham L.
Glass, Julius Albert
Glass, Larry Paul
Glass, Louis J.
Glassband, Herman
Gleiman, Irvin J.
Gleiman, Theodore
Glenn, William A.
Glenn, Matthew
Glennan, Harry E.
Glick, Harry
Glick Henry Joseph
Glickman, Shirley M.
Glissmeyer, M H.
Glover, Douglas
Glover, Douglas D.
Gluck, Julius
Gluckstern, W. H.
Glushakow, Jacob
Goashgarian, Karekin
Goden, Stanley
Godfrey, John
Goldberg, Irving
Goldberg, Jack
Goldberg, Leonard
Goldberg, Marvin B.
Goldberg, Marvin H.
Goldberg, Alvin
Goldberg, Milton
Goldberg, Harry Joel
Goldberg, Samuel S.
Goldberg, Stanley L.
Goldberg, Victor
Goldberg, Melvyn M.
Goldfeder, Harold M.
Goldfine, Stuart H.
Golditch, Henry M.
Goldin, Harold H.
Goldman, Abram
Goldman, Benjamin
Goldman, Harold K.
Goldman, Louis C.
Goldman, Sue C.
Goldner, Ronald
Goldsmith, A. R.
Goldsmith, Chester L.
Goldsmith, Fred E.
Goldsmith, Leon
Goldsmith, Meyer
Goldstein, Albert
Goldstein, Burton J.
Goldstein, Edward
Goldstein, Eileen F.
Goldstein, Harold S.
Goldstein, Hyman
Goldstein, Isadore A.
Goldstein, Jack
Goldstein, Leon E.
Goldstein, Martin B.
Goldstein, Morris G.
Goldstein, Paul L.
Goldstein, Sam Alvin
Goldstein, Samuel W.
Goldstone, Herbert N.
Golob, Stanley Paul
Gomez, Joseph R.
Goodman, Daniel
Goodman, Howard
Goodman, Irvin
Goodman, Jerome E.
Goodman, Julius H.
Goodman, Leon
Goodman, Sylvan C.
Goodwill, Frank
Goran, Isadore
Gorban, Thomas
Gordon, Charles
Gordon, Gerald S.
Gordon, Joseph
Gordon, Jack B.
Gordon, Marvin
Goren, Arthur E.
Gorfine, Bernard M.
Gordy, Howard Lee
Goriup, Othmar F.
Gottdiener, Elvin E.
Gottlieb, David M.
Gould, Clarendon L.
Gould, William M.
Gower, Earl F., Jr.
Grabowski, B. F.
Gradman, Lee H.
Grafius, Melba A.
Graham, Clarence D.
Grant, Lawrence B.
Grant, Russell
Gratson, John, Jr.
Grau, Frank J.
Graves, C. R., Jr.
Gray, James Herbert
Gray, William B.
Grebow, Aaron
Grebow, Martin D.
Greco, Betty Jane H.
Greco, Salvatore J.
Green, Lyttleton S.
Green, Norman
Greenawalt, Wm. G.
Greenberg, Albert G.
Greenberg, Bertram
Greenberg, Harry
Greenberg, Harry L.
Greenberg, Harvey
Greenberg, Joseph
Greenberg, Leon
Greenberg, M. G.
Greenberg, Morton
Greenberg, Paul R.
Greenberg, R. E.
Greenberg, S. W.
Greenblatt, Elliott
Greenblatt, Max
Greene, Morton A.
Greenfeld, David D.
Greenfeld, Jacob H.
Greenfield, Charles
Greenlee, G. B., Jr.
Greenspan, Louis
Gregg, Ernest J., Jr.

Greif, Daniel
Gresser, Isidor H.
Griesmer, Lloyd P.
Griffith, Robert C., IV
Gregg, Thos. D.
Gregorek, Frank J.
Griggs, Walter G.
Grimm, Allen Orville
Groff, F. B.
Grogan, Francis A.
Grollman, Ellis
Grollman, Jaye J.
Gronert, Warren A.
Gross, Herbert S.
Gross, John Paul
Gross, Joseph B.
Gross, William
Grossblatt, Norman J.
Grossman, Issac Wm.
Grossman, Benj. B.
Grothaus, David B. Jr.
Grove, Donald C.
Grubb, John E.
Grubbs, L. R.
Gruz, Nathan I.
Gubinsky, Louis
Guild, Cecil E.
Gumenick, Leonard
Gumm, Wilbur H., Jr.
Gump, Lyndon, J.
Gunby, Martin P.
Gunsallus, Jack Wm.
Gusman, Lawrence F.
Gutsin, Sidney
Guttman, Ronald B.
Guy, John P.
Gwiazda, Henry J.

H

Haack, Clifford W.
Haase, Charles A.
Haase, Frederick, R.
Haase, John Henry
Haaz, Alfred J.
Haberstroh, A. R.
Hack, Morris B.
Hackett, Angela Rose
Hackett, Emma
Hackley, Robert P.
Hadley, Tom R.
Haelbig, Franz L. A.
Hafelfinger, Fred. T.
Hagan, Frank C., Jr.
Hagan, John C.
Hager, Geo. P., Jr.
Hahn, William A.
Haith, J. W., Jr.
Hall, Dwight F.
Hall, Frederick R.
Harr, Shirley A.
Hall, Victoria K.
Hall, William Walker
Haller, Harry N.
Halpern, Samuel M.
Hamback, Clifford I.
Hamberg, S. T.
Hambright, Harold Theodore, Jr.
Hamer, Marion S.
Hamet, Harry
Hamet, Sydney H.
Hamill, James J.
Hamlin, K. E., Jr.
Hammar, Vincent Coy
Hancock, Herman F.
Handelman, Jos. G.
Handelman, Louis
Handelman, Mayer
Hanenbaum, Allen
Haney, Philip C.
Hankey, Lewis Carl
Hanks, C. W., Jr.
Hann, Jon T.
Hanna, William M.
Hannon, Marcella A.
Hansen, Herbert O.
Hansen, Herman F.
Hantman, Irvin
Haransky, David J.
Harbaugh, Arthur C.
Hardy, Henry C.
Hare, Clifford A., Jr.
Hargis, William J.
Harman, George B.
Harman, Richard T.
Harmatz, Irving J.
Harmon, Carl M.
Harmanson, F. J.
Harner, Joseph W.
Harnick, Gene A.
Harnish, Robt. A., Sr.
Harper. Henry M.
Harrigan, Joan K.
Harrison, Jerold
Harrison, Gordon M.
Harper, William S.
Harris, William C.
Harrison, Alice Emily
Harrison, S. A. D.
Harriss, Gridley
Hart, Jeremiah A.
Haskell, Marian
Hauer, Martin
Haugh, J. A.
Havranek, Jessie Lois
Havranek, Robert E.
Hayes, W. A., Jr.
Hayes, William B.
Haymaker, Frank B.
Hayman, Albin A.
Hayman, Thomas J.
Haynes, Marvin C.
Hayward, Luther B.
Hayward, Robert R.
Head, Wm. H. Jr.
Healey, Sister Elberta
Heck, Leroy Savin
Hecker, David
Hecker, N. R.
Heer, Melvin L.
Heer, Wilmer J.
Heifetz, Carl Louis
Heilman, Gerald J.
Hein, Henry F.
Heinrich, William J.
Heinritz, Colen C.
Heinritz, June R.
Helgert, Ernest
Helinski, Donald R.
Heller, Joel
Heller, John Michael
Heller, Lawrence G.
Heller, Raymond L.
Heller, William M.
Helman, Max M.
Helmsen, Edward A.
Hendelberg, Isidore J.
Henderson, Alberta I
Henderson, C. C. T.
Henderson, Chas. W.
Henderson, Ed. H.
Henderson, M. W.
Henderson, Robert W.
Henderson, U. K., Jr.
Hendin, Walter
Hendrix, Adlai M., Jr.
Heneson, Henry
Heneson, Irving J.
Henkel, Louis B., Jr.
Hensala, John David
Henretty, Ann Emily (Sister Mary Arthur)
Henretty, F. J.
Henry, Emmanuel
Henry, Ralph A.
Hens, Leonard Louis
Hergenrather, Louis, 3rd
Hernandez, Christine M.
Hernandez, Luis
Heritage, Harold G
Herold, Francis X.

Herron, Charles S.
Hershman, Abram S.
Hershner, John F.
Herter, Arthur C.
Hertz, Charles L.
Hertz, Selig S.
Hertzlich, Abraham
Hertzlich, Leonard
Herwod, Hilda R.
Hesson, Charles E.
Hettleman, Milton L.
Hewing, Ada C.
Heyer, Ursula E.
Heyman, Irwin A.
Heyman, Bernard P.
Heyman, Bernice
Hickey, W. Hampton
Higger, Samuel F.
Higgins, Joseph C.
Higgon, Ellery E.
Highfield, Wm. Henry
Highkin, Sidney
Highstein, Benjamin
Highstein, Gustav
Hihn, John B., Jr.
Highkin, Manuel K.
Hileman, Emmet A.
Hilinski, Irene Leona
Hill, Eric B.
Hill, H. Phillip, Jr.
Hill, William Caulk
Hilliard, Milton E.
Hillman, Albert
Hillman, Gilbert
Hillman, Milton L.
Hillman, Sheldon J.
Hirsch, Peter
Hirschorn, Jeffrey O.
Hirschowitz, R. J.
Hirt, Joseph
Hirt, Joseph
Hirz, Bernard B.
Hoar, Marion Elwin
Hobensack, J. W.
Hocking, Harold J.
Hodge, William R.
Hodges, James E.
Hoff, David
Hoffeld, Henry Wm.
Hoffman, Asher
Hoffman, George E.
Hoffman, Harry
Hoffman, Harry L.
Hoffman, Howard
Hoffman, Marta
Hoffman, Sylvan A.
Holden, J. Frederick
Jester, J. Willard
Holen, Mitzie M.
Hollands, Sandra J.
Hollander, Sidney
Hollander, Sol
Holliday, Thomas D.
Hollingsworth, Jos.
Holmes, Everett J.
Holmes, Harold G.
Holt, Worthe S.
Holthaus, Robert W.
Holtschneider, D. W.
Homberg, Henry I.
Honkofsky, Jerome
Hood, Claude Black
Hoover, Lee F.
Hopkins, Carville B.
Hopkins, Charles H.
Hopkins, Donald
Hopkins, Harry B.
Hopkins, Howard C.
Hopkins, Murray L.
Hopkins, Ronald M.
Horn, James J.
Hornacek, A. T.
Horne, Peyton N.
Hornsby, Beverly K.
Hornsby, William P.
Hornung, Herman G
Horwits, Leonard
Horwitz, Isadore
Horwitz, Lois S.
House, Joseph L.
Houser, Jacob W.
Howard, Henry
Howard, S. B.
Howell, John F.
Howison, Irene S.
Hoy, Robert G.
Huber, George H.
Huddleston, Roy C.
Hudgins, J. C.
Hudon, Joseph C. A
Huffman, Rufus M.
Hughes, Henry W.
Hulla, Joseph J.
Hunt, Wm. H.
Hunter, Calvin L.
Hurwitz, Abraham B.
Hurwitz, Allan W.
Huston, Chas. Reese
Hutchinson, Wm. J.
Hutto, George F.
Hyman, Morton K.
Hyman, Paul

I

Ichniowski, D. A. K.
Ichniowski, Wm. M.
Imber, Doris
Imbierowicz, R. R.
Ingber, Louis William
Inghram, Fred A.
Irizarry, Ramon L.
Irving, Bruce L.
Isaac, Elias Jos.
Isaacson, Bernard S.
Isaacson, Charles
Isert, Charles H.
Itzoe, Andrew J.

J

Jablon, Paul A. M.
Jackson, Charles C.
Jackson, Clifford P.
Jackson, John E.
Jackson, Lonnie C. J.
Jackson, Marvin M.
Jackson, Walter V.
Jackson, William B., Jr.
Jacobs, Corinne H.
Jacobs, Eugene
Jacobs, Harry
Jacobs, Louis
Jacobs, Mark
Jacobs, M. Neal
Jacobs, Warren H.
Jacobson, Lawrence
Jacobson, Samuel M.
Jaffe, Jonah J.
Jaffe, William E.
Jankiewicz, Alfred M.
Jankiewicz, Frank J.
Janousky, Nathan B.
Januszeski, F. J.
Japko, Albert M.
Jarosik, Emil, Jr.
Jarowski, Charles
Jarrett, W. R.
Jarvis, Charles L.
Jarvis, Harry C.
Jaseke, Stanley J., Jr.
Jaslow, Marvin Ban
Jaslow, Morris M.
Jason, Lawrence
Jefferson, Elsie M.
Jenion, William R.
Jenkins, Milton O.
Jenkins, Robert B.
Jeppi, Elizabeth V.
Jeppi, Samuel Patrick
Jernigan, John M., Jr.
Jernigan, Lane M.
Jesina, Carl Lee
Jester, Wilfred R.

Jimenez, Joseph A.
Joffe, Albert
Johns, Basil P.
Johnson, Calvin E.
Johnson, Clyde G.
Johnson, Ernest Irvin
Johnson, Henry J.
Johnson, James Edw.
Johnson, James W., III
Johnson, James E.
Johnson, Jos. L.
Johnson, Jos. L., Jr.
Johnson, Kenneth B.
Johnson, Margaret E.
Johnson, Norman M.
Johnson, Orton A.
Johnson, Otis LeRoy
Johnson, Paul C.
Johnson, Ralph S.
Johnson, Warren L.
Johnson, Wm. Ray
Johnston, Rosella R.
Jones, Amos A.
Jones, Arthur Wm.
Jones, Briggs C.
Jones, Cyrus F.
Jones, Garrett S.
Jones, George A.
Jones, Harold B.
Jones, Harry Patton
Jones, Henry Alvan
Jones, H. Pryor
Jones, Howard B.
Jones, James A.
Jones, James E.
Jones, John Paul
Jones, Jos. Webster
Jones, Marvin H.
Jones, N. Howard
Jones, Philip W.
Jones, Pius H.
Jones, William B.
Jones, W. Franklin
Jongeward, Mathias
Jontiff, Henry Fred
Jordan, Charles D.
Jordan, Joseph J.
Jordan, John T.
Joseph, LaRue V.
Josephs, Louis C.
Joyce, Clarence G.
Judy, Francis L. G.
Judy, John N.
June, Carl R., Jr.
Jules, Bernard Chas.

K

Kabik, Robert Joseph
Kadish, Aaron
Kahan, Harvey
Kahanowitz, Milton
Kahn, Leon J.
Kahn, Maurice
Kahn, Morton
Kahn, Reuben
Kairis, Eleanor M.
Kairis, John Joseph
Kairis, Nancy Emily
Kaiser, Carl Arwid
Kaiser, Joseph A.
Kalb, Francis P.
Kallelis, Theodore S.
Kallins, Edward S.
Kamanitz, Irvin L.
Kamenetz, Irvin
Kaminkow, Joseph
Kaminski, Felix H.
Kammer, Wm. H.
Kan, Perry Harlan
Kandel, Leonard E.
Kane, Joseph D.
Kanter, Abraham J.
Kantorow, Bennett R
Kantner, Leahmer M.
Kantorow, Gerald S.
Kantorski, Robert R.
Kappelman, Leroy F.
Karlin, David
Karmann, George
Karmiol, Stanley B.
Karn, Philip R.
Karns, Harold T.
Karns, Hugh H.
Karpa, Isador
Karpa, Jerome J.
Karpa, Maurice
Karr, William S.
Karwacki, S. V.
Karwacki, Frank W.
Kasik, Frank T., Jr.
Kasser, Joseph
Kasten, Karl H.
Katcoff, Harold
Katz, Albert
Katz, Benj. R.
Katz, Burton Lee
Katz, Ely Sydney
Katz, Gabriel Elliott
Katz, Herbert A.
Katz, Morton
Katz, Morton H.
Katz, Stephen A.
Katzoff, Annette K.
Katzoff, Isaac
Kaufman, Jordan W.
Kaufman, Marion E.
Kaufman, Frank A.
Kaufman, Stanley L.
Kavanaugh, M. J.
Kay, Jack
Kaye, Harry
Kaye, Myles C.
Kaylus, Albert G.
Keagle, LeRoy Curtis
Kearfott, Clarence P.
Keehner, Raymond
Keech, Robert P.
Keefer, Hiram E.
Kehr, Erney C.
Keiter, Richard D.
Kellam, R. A.
Keller, Arvilla M.
Keller, C. V. deP., Jr.
Keller, George Riland
Keller, Thomas H., Jr.
Kellermann, W. D.
Kelley, Gordon Wm.
Kelley, Guy C.
Kellough, Chas. Irvin
Kellough, E. R., Jr.
Kellough, George W.
Kelly, Charles W.
Kelly, George Benner
Kelly, George L. M.
Kelly, Robert J.
Kelly, Thomas J.
Kelly, M. P.
Kemp, Blanche L.
Kempler, Jerold A.
Keniston, A. H., Jr.
Kenley, W. E.
Kenney, Fern E., Jr.
Kenyon, George
Kern, Joseph
Kern, Louis R., Jr.
Kerpelman, H. S.
Kerpelman, Howard
Kerpelman, Isaac E.
Kerr, Thomas H.
Kershaw, Harry
Kesmodel, Chas. R.
Kessel, Yale
Kessler, Marvin M.
Kessler, Morris L.
Kexel, LeRoy E.
Keyser, W. C. H., Jr.
Kiefer, Ralph S.
Kies, Thomas D.
Killeri, Anthony M.
Killpack, Don S.
Kilner, E. A.

Kimzey, Kritz J.
King, Donald Charles
King, Gerald
King, Oliver H.
King, S. C., Jr.
King, Melvin Leroy
Kinkead, Chas. Wm.
Kinsey, Raymond D.
Kirk, Catherine E.
Kirsen, Abraham
Kirson, A. Robert
Kirson, Jerome
Kirson, Walter
Kistler, Stephen Bird
Kistner, Carl
Kitchin, W. Yager
Kitt, Melvin G.
Klatsky, Stanley A.
Klavens, Elmer
Klavens, Sidney R.
Kleczynski, T. C.
Klein, Benjamin F.
Klein, Howard
Klein, Solomon
Kleinbart, David J.
Kleinmann, Kurt
Klepfish, Milton A.
Klimen, Samuel E.
Kline, Bernard B.
Kline, Sidney
Kling, Herman M.
Klingaman, Claude R.
Klioze, Earl Ephraim
Klotzman, Alfred
Klotzman, Robert H.
Knecht, Frederick
Knepper, Francis C.
Kobin, Benjamin
Koch, Ervin M.
Kochert, Ernest P.
Kogelschatz, J. W.
Kohlhepp, G. A., Jr.
Kokoski, Chas. J.
Kokoski, Robert J.
Kolker, Frank Milton
Koldewey, T. W.
Koller, Elmer C., Jr.
Kolman, Lester N.
Kolman, M. Alfred
Kolman, Minnie F.
Konicov, Monte
Konrad, James G.
Koon, Charles L.
Koons, George S.
Kooser, William J.
Kopcho, Michael J..
Koplin, Arthur
Korb, Katherine
Kosakowski, C. G.
Kosmin, Marvin
Kostos, Patricia P.
Kousen, Morton
Koustenis, Gust G.
Koustenis, Harry G.
Koutras, Louis Anest
Kouzel, Howard
Kouzel, Samuel I.
Krall, Joseph
Kram, W. P.
Kremer, Beryle Philip
Kramer, Bernard
Kramer, Jack Louis
Kramer, Leonard H.
Kramer, Morris
Kramer, Morton D.
Kramer, Samuel E.
Kramer, Stanley H.
Kramer, Max T.
Krantz, John C.
Kratz, Frank P., III
Kraus, Louis H., Jr.
Kraus, Richard Ed.
Kreis, Edna E.
Krieger, Benjamin
Krieger, Max A.
Kriger, Benj. Arthur
Kronberg, Norman J.
Kronsberg, Ronald H.
Kronthal, Jacob L.
Kroopnick, Frieda R.
Kroopnick, G. D.
Kroopnick, Jennie
Kubiak, Dolores Z.
Krucoff, Maxwell A.
Krupnick, Ellis G.
Krusniewski, B. A.
Kull, Raymond C.
Kumkumian, Chas. S.
Kupfer, Alexander
Kurland, Louis J.
Kursvietis, A. J.
Kushner, Meyer G.
Kushnick, Marolin C.
Kushnick, Marvin S.
Kwash, Herbert

L

Lachman, Bernard B.
Lachman, Marvin M.
LaFrance, F. A.
Laken, Benjamin B.
Lamb, Lewis Joseph
Lambdin, E. C., Jr.
Lambert, Paul W.
Lambrecht, F. A.
Lambros, D. S.
Lanahan, Wm. A.
Landau, Morris
Landon, J. A.
Lane, Edward M.
Laney, Charles O.
Lang, Louis William
Lang, W. F. C.
Lange, Walter
Langer, Charles
Langdon, Frank P.
Langston Jeffie G.
Lapin, Alfred R.
Lapin, Bernard J.
Larezzo, George R
Larner, James H.
Larner, Mary S.
Larner, Max
Larrabee, Chas. Wm.
Lassahn, Norbert G.
Lassiter, John H.
Laterman, Joseph
Lathroum, Leo B., Jr.
Lathroum, R. T.
Latona, Salvator J.
Lauer, Stephen L.
Laufe, Harold A.
Laughlin, B. Frank
Lavin, Bernard
Lavin Sol
Lawlor, Henry Wm.
Lawrence, Charles
Lawson, Alfred Munk
Lawson, Arnold
Lawson, Robert E.
Lawson, Wilbert B.
Layden, William
Lazarick, Lillian G.
Lazarus, Leon Julius
Lazzaro, Samuel F.
Leach, Gary W.
Leaf, Ronald E.
Leatherman, A. G.
Leatherman, A. G., Jr.
Leavey, Herbert J.
Leavitt, Dean E.
LeBlanc, Theodore
Leboff, Solomon
Lebowitz, Harry
Lebson, David
Lebson, Hyman
Ledbetter, E. DeB.
Lee, Carroll B.
Lee, Claud D.
Lee, George Ernest
Lee, June Eng
Lee, Warren Walter
Leeds, Alexander
Leffler, W. H.
Leftin, David
LeGates, Ethel
Legg, Phillip W.
Lehnert, Ernest C.

Lehr, Clarence G.
Lehr, Robert H.
Leibowitz, Benjamin
Leibowitz, Louis
Leiderman, S. E.
Leise, David
Leites, Blanche
Lemler, Abraham A.
Lemler, Stephen M.
Lemmert, James E.
Lemons, Milton S.
Lennox, Williard J.
Lentini, Ernest S.
Leonard, Helen A.
Leonard, Michael
Leonard, Russell D.
Lerman, Philip H.
Lerner, Beryl
Lerner, Joseph H.
Lerner, Sidney I.
Levenson, Julius V.
Levenson, Marvin M.
Levenson, Sidney
Levi, Ellis
Levi, Ernest
Levi, Henry M.
Levicka, Vincent C.
Levier, Oscar H.
Levin, Arthur Irvin
Levin, Barry Elliott
Levin, Benjamin
Levin, Benjamin S.
Levin, Bernard
Levin, Bernard
Levin, Daniel M.
Levin, David
Levin, David Gerald
Levin, Evelyn Shirley
Levin, Harold Joseph
Levin, Harold Paul
Levin, Harry
Levin, Haskell
Levin, Irvin Isaac
Levin, Israel
Levin, Jacob Benny
Levin, Joseph L.
Levin, Julian Edwin
Levin, Leon E.
Levin, Leon Phillip
Levin, Max
Levin, Morton
Levin, Nathan
Levin, Norman
Levin, Norman Jack
Levin, Norman Lee
Levin, Philip
Levin, Richard L.
Levin, Sam Barry
Levin, Stanley W.
Levin, Stephen P.
Levin, Theodore
Levine, Jay E.
Levine, Jerome M.
Levine, Lester
Levine, Milton
Levine, Morris
Levine, Phillip Julian
Levins, Arnold I.
Levinson, Henry
Levinson, Monroe J.
Levinson, Paul
Levitt, Kelvin R.
Levy, Abraham M.
Levy, Bernard
Levy, David A.
Levy, Donald
Levy, Frank F.
Levy, Irving
Levy, Joseph
Levy, Leon
Levy, M. Zachary
Levy, Melvin
Lew, George Y. T.
Lewine, Donald S.
Lewis, Alan T.
Lewis, F. Harold
Lewis, Harry C.
Lewis, T. B., Jr.
Leyko, Gregory W. A.
Libowitz, Aaron M.
Lichtenstein, Ivan I.
Lichtenstein, Harold
Lichter, George
Lichter, Raymond
Lichter, Samuel
Lichtman, Albert
Lichtman, Harry S.
Lieb, Frank J.
Lieberman, Bernard
Lieberman, L. L.
Lieberman, Paul R.
Lifschitz, Amiram
Lightner, Earl H.
Liken, Russell B.
Linahan, Charles
Lindeman, Philip D.
Lindenbaum, Albert
Lindenbaum, Louis
Lindenbaum, Morris
Liner, Milton H.
Lipkey, Nancy M.
Lippman, Morton
Lipskey, Joseph
Lipsky, Harold H.
Lipsky, Irvin N.
Liptz, Alvin E.
Lisk, D. Clyde
Lisse, Allan
Lister, Charlotte Z.
Litman, Albert
Little, John Milton
Little, W. R.
Litvin, Sidney B.
Lloyd, W. H.
Loetell, J. W., Jr.
Loftus, John
Lohmeyer, Lloyd W.
Lohr, Joel D.
London, Samuel
Long, Richard E.
Longenecker, J. K.
Looney, Ernest W.
Lottier, William I., Jr.
Lotz, Emma Grace
Low, James B.
Lowe, Carroll A.
Lowenthal, Michael H.
Lowry, Raymond J.
Lubin, Raymond A.
Luby, John P.
Luby, Jr., Thomas E.
Lubman, Nancy S.
Lubman, Ronald A.
Lucas, John J.
Lucas, Mary C.
Lucas, Samuel M.
Lucia, H. S., Jr.
Ludgin, Jerome B.
Luke, Harry L.
Luley, Charles Ed.
Lum, Max Robert
Lupin, Irwin Morton
Lupo, Francesco P.
Lusco, S. Vincent
Lutz, John G.
Lutz, Robert E.
Lutzky, Joseph
Lyden, Edward E., Jr.
Lyle, W. L.
Lykos, Nicholas C.
Lynn, Norman Bruce
Lyon, Andrew T.
Lyon, Geo. Taylor
Lyon, James H.

M

MacGillivray, Gordon
Macek, Bernard F.
Macek, Frank J.
Macek, Walter P.
Maciulla, James Louis
Maciulla, S. V.
Mackey, James G.
Mackay, Walter P.
Mackowiak, Frank J.
Mackowiak, S. C.

Macks, Ben Harold
Macks, Harry Elliott
Maczis, William J.
Magaziner, Frederick
Magid, Louis
Maggio, A. J., Jr.
Magiros, John Geo.
Maggitti, Ronald F.
Mahoney, Robert W.
Main, Clinton E.
Maisel, Joseph B.
Malanowski, A. R.
Malanowski, B. C.
Malick, Richard W.
Mallinder, Bernard G.
Mallonee, J. J., Jr.
Malone, Wm. W.
Manchey, L. Lavan
Mandel, Howard E.
Mandelblatt, Allen E.
Mandrow, Mary Anna
Manheimer, R. B.
Manian, Albert A.
Mankin, G. T.
Mann, Ruffin N.
Mancuso, Walter E.
Manning, Marion C.
Mantley, Frank B.
Marciniak, Edw. S.
Marcus, Max
Marek, Anton Charles
Margolis, Isidore
Marinelli, Carroll P.
Markin, Edward A.
Markin, Samuel
Markley, Edward B.
Markowitz, Carl E.
Marks, Melvyn L.
Marks, Sidney I.
Marley, Benj. C., Jr.
Marlowe, Edward
Marmor, Joseph P.
Marsh, Jack C.
Marshall, Barbara I.
Marshall, Charles M.
Marshall, Eugene W.
Marshall, S. Fred
Martello, Herbert A.
Marten, George L.
Martin, Alfred Leroy
Martin, Frank G.
Martin, Richard E.
Martin, Robert J.
Martinez, Nellie E. S.
Martino, Joseph A.
Mary, Nolasco
Maschas, Constantine Nick
Maser, Louis
Massell, Aaron A.
Maseth, Earle George
Maseth, William E.
Mashkes, Morris
Mask, Jerome
Mason, John Wm.
Massing, David
Massing, E. Wolfe
Mastorides, Nicholas A.
Matchett, Jeremy A.
Matelis, Olga P.
Mathers, Audrey J
Mathews, Emory H.
Matta, Joseph Edw.
Mattingly, Daniel J.
Mattocks, A. McL. Jr.
Mattox, William M.
May, Howard J.
Mayberry, Edgar B.
Mayer, J. L.
Mayer, Alexander M.
Mayer, Maurice V.
Mazer, Harold H.
McAllister, Benj., Jr.
McDougall, Bernard C.
McCagh, Edward T.
McCagh, F. L., Jr.
McCall, George B.
McCambridge, Joseph
McCann, Thos. J. Jr.
McCann, Walter I.
McCarthy, Daniel F.
McCarthy, John L.
McClarren, R. M.
McClincy, Stanley
McComas, J. R., Jr.
McConnell, Dufferin
McCoy, J. K., Jr.
McDonald, C. L.
McDonald, Thos. L.
McDougall, Bernard
McDonald, Donald E.
McDonald, Patricia K.B.
McDonnell, Patrick J.
McDuffie, George E.
McGarry, Charles E.
McGinity, F. Rowland
McGuire, Thomas H.
McIndoe, John G.
McKellip, John
McKenna, Richard S.
McKenny, Harry J.
McKenzie, H. C.
McKew, Thomas H.
McKinley, James D., Jr.
McKirgan, John L.
McKirney, Wm. M.
McLamb, Henry T.
McLarty, David C.
McLaughlin, J. McD.
McLaughlin, Jack M.
McMahon, Michael J.
McManus, Daniel A.
McMichael, James E.
McNair, Robert W.
McNally, Hugh B.
McNamara, B. P.
McNeill, Douglas W.
McNeill, Melba Lois
McShann, Mansell H.
McTeague, Charles J.
McWilliams, Lester
Meadows, Clement J.
Meadows, George W.
Meagher, Harry R.
Mears, Chase K.
Mears, Frank D.
Mears, Lee K.
Meeth, John T.
Megaw, Herschel
Meiser, Edward T.
Meisler, Jules M.
Meiss, William S.
Mellor, Benjamin, Jr.
Mendelsohn, Daniel
Mendelsohn, James F.
Mendelsohn, Max L.
Mendelsohn, Ronald E
Mendelson, Herman
Menke, M. A.
Mentis, Anthony P.
Mentzer, John R., Jr.
Mercer, Robert V.
Meresicky, Ralph J.
Mercier, M. W., Jr.
Merdinyan, E. F.
Merkel, Henry
Mermelstein, D. H.
Merritt, J. Webster
Mersky, Milton
Mersky, Morris S.
Merwitz, Stanley J.
Meserve, John Chas.
Mess Sister Mary Adamar
Messersmith, E. J.
Messina, Julius A.
Metheny, Carl Melvin

Metz, Hermann F.
Metz, Richard A., III
Mewborn, Rufus, H.
Mewhirter, Harry D.
Meyer, Francis J.
Meyer, William J.
Meyers, Albert Temin
Meyers, Irwin E.
Meyers, Jacob Sholom
Meyers, Louis Lear
Meyers, Macy Herbert
Michael, Lucus A.
Michael, Marvin E.
Michaels, Albert
Michel, John Vernon
Michell, Herman
Miden Julian I.
Mikules, Alex. H.
Milgram, Samuel
Millard, Ruth
Millenson, Irving
Miller, Abraham
Miller, Alvin
Miller, Alvin B.
Miller, Charles W.
Miller, David
Miller, Edward
Miller, George A.
Miller, George P.
Miller, Harold C.
Miller, Harry
Miller, Harvey G.
Miller, Irving W.
Miller, Jack Wessel
Miller, John Elwin
Miller, Lawrence L.
Miller, Lewis
Miller, Manuel
Miller, Milton
Miller, Myron
Miller, Nathaniel A.
Miller, Olga Jonkus
Miller, Reuben
Miller, Richard A.
Miller, Robert B.
Miller, Solomon
Miller, T. A.
Miller, William F.
Milio, Frank R.
Milman, Harry
Millman, Philip H.
Mills, Robert S., Jr.
Minaker, Irwin
Mindell, Charles
Minder, Frederick
Miner, Richard Leo
Minnich, John H.
Minster, Howard M.
Misler, Bernard
Mitchell, James
Mitchell, Joseph P.
Mirvis, Julius
Modena, Charles E.
Mohr, Milton E.
Moler, Robert K.
Molli, Louis J.
Monahan, A. M. S.
Mondell, Harold D.
Monilaws, Thomas R.
Monroe, Robert J.
Mooney, Iole R. M.
Moore, Charles W.
Moore, G. Richard
Moore, Theodore C.
Moorehead, F. E.
Moothart, Donald L.
Moose, Walter Lee
Morales, Angel R.
Morgan, Alfred K.
Morgan, Joseph H.
Morgenroth, Hans
Morgenroth, V. H., Jr.
Morgenstern, Emma
Morgenstern, Wm. A
Moroch, Herbert R.
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Morris, I. J. V.
Morris, Irving M.
Morris, Samuel
Morris, Martin H.
Morrison, Clarence H.
Morrison, William A.
Morstein, R. M.
Morton, John Earl
Morton, Joseph H.
Moscariello, Frank M.
Moscati, Adrian P.
Moscati, Marius A.
Mosely, Omar, H., Jr.
Moses, Benjamin B.
Moser, John, Jr.
Moskey, Thomas A. Jr.
Moss, Arnold
Moss, John H.
Mossell, Aaron A.
Moshenberg, William
Mossop, Carrie G.
Mouat, Gordon A.
Moxley, R. B.
Moyer, Walter
Moyers, C. W.
Moylan, Robert L.
Mrazek, Leo L.
Muchnick, David S.
Muehlhause, Ruth V.
Mueller, Edward L.
Muench, Genevieve J.
Muldoon, Ralph V.
Mulhall, Francis J., Jr.
Mullen, Charles L.
Mupsik, Herman M.
Murphy, Edwin C.
Murphy, Jerome E.
Murphy, John M.
Murphy, Marie M.
Murphy, J. Robert
Musacchio, Leo M.
Musgrove, Walter G.
Musher, Arthur A.
Muskatt, Edith
Mutch, Richard John
Mutchnik, Melvin
Myerovitz, Joseph R.
Myers, Bernard
Myers, Beverly S.
Myers, Charles
Myers, Ellis B.
Myers, Irvin L.
Myers, Lyndon B.
Myers, Morton
Myers, Richard Earl
Myers, Robert I.

N

Naiditch, Morton E.
Naplachowski, S. A.
Narunsky, Reuben
Nash, Donald M.
Nave, Jackson M.
Neal, Betty J. H.
Neary, Thos. F., Jr.
Needleman, Philip
Neely, Herron
Neighoff, Wilson E.
Neis, Arnold Howard
Nelson, Augustus W.
Nelson, Kenneth H.
Nelson, William G.
Nemerow, Martin W.
Nemeth-Barath, Dezso, Jr.
Neuburger, Arnold J.
Neumann, Jos. James
Neumann, Walter P.
Neumeyer, John L.
Neutze, John F.
Nevins, Matthew J., Jr.
New, John Robert
Newburger, Leonard H.
Newhouse, Stanley R.
Newman, Albert M.
Newman, David
Newman, Jerome
Newman, Martin D.
Niefeld, Herbert

Nierman, Robert F.
Nicolas, Peter Alex
Niss, Israel
Nitsch, Charles A.
Niznik, Paul Vincent
Nobel, Louis N.
Noel, Harriett Ruth
Noll, Frank Morgal
Noll, Violet B.
Nollau, Elmer W.
Norman, Herman
Norris, Earl M.
Norris, Paul Edmund
Norris, Walter B.
Northover, Edw. R.
Norton, Anna Cover
Norton, Gerald Lewis
Nosal, Pauline Ann
Nothstine, Ken. T.
Noveck, Irvin
Noveck, Morris
Noveck, Nathan
Novey, Sam
Novick, Bernard
Nowick, Sidney G.
Nunan, Sister Mary B.
Nusinow, Samuel
Nussbaum, Edw. D.

O

O'Brien, John W.
O'Brien, William C.
O'Dea, James M.
Odian, Alice
O'Donnell, Francis J.
Oed, Marvin LeR.
Offutt, Clifford H.
Ogrinz, Alexander J., Jr.
Ogurick, Alexander
O'Hara, John James
O'Hara, John J., Jr.
Ohlendorf, Albert V.
Ohly, Robert Wayne
Okrasinski, Joseph L.
Oken, David M.
Oken, Jack
Oken, Louis E.
Oldham, Walter F.
Oleszczuk, Melvin J.
Olsan, Frank
O'Neal, John Leonard
O'Neil, Jennie A.
O'Neill, Lawrence J.
Orellana, Anna May
Orlind, Harry
Orloff, Milton
Ortt, James Bryan
Orzel, Rita Adele
Osheroff, Seymour D.
Oshry, Faga P.
Osburn, Darris M.
Oshinsky, Sol
Oster, Herbert G.
Oster, Walter F.
Ostrow, Milton
Ouellette, Philip A.
Owens, Bennie G.
Owens, R. Hamilton
Oxman, Meyer

P

Packett, Ryland D.
Packett, William H.
Padousis, John
Padussis, Anthony G.
Pagan-Colon, Rafael Angel
Paidakovich, M. J.
Palchak, R. J. F.
Palder, Edward L.
Palmer, Mathias
Palmer, Thomas R.
Palmere, Anthony M.
Panamarow, Stephen
Pang, Charles E. H.
Pannill, William E.
Pape, Harry S.
Parelhoff, Maurice I.
Papiermeister, Joseph
Parasier, Joseph
Paris, Bernard H.
Parker, Howard E.
Parker, John G.
Parker, Laura
Parker, Muriel E. N.
Parker, Richard Dale
Parker, Theodore E.
Parks, Isadore J.
Parlade, J. A.
Parlett, George D.
Parson, Benjamin
Pasco, Louis Edward
Pass, Isidore
Pass, Stacy
Pass, Victor Earl
Pasterfield, Wm. T.
Pate, William A.
Patrick, Thomas Ed.
Pats, Albert
Pats, Sidney
Patterson, Walter J.
Paul, Daniel A.
Paul, Frank Ronald
Paul, Harry Jacob
Paul, Howard
Paulson, Aaron Ariel
Paulson, David
Paxson, George W.
Payne, Harry
Payne, Thomas M.
Pazdera, Frank J.
Pazel, Joseph P.
Pearlman, Albert
Pearlman, David
Pearlman, William L.
Pearrell, Ernest H.
Pearson, Sarah B.
Pearson, Silas H.
Pecarsky, Seymour
Pelissier, Normand A.
Pelovitz, Nathan G.
Pemsel, E. Robert
Pendergast, Thos. R.
Penn, Thomas M. G.
Pentz, R. L.
Perel, Max
Perry, Lucy Z.
Pertnoy, Edwin
Perzynski, Paul R.
Peskin, David
Peterka, Albert A.
Peters, Albertus B.
Peters, Charles R.
Petralia, Anthony J.
Petticord, Webster B.
Pettit, Bernard A.
Petty, Huie Wilbert
Pfaff, Virginia W.
Pfeifer, Charles M.
Pfeifer, Charles, Jr.
Pfeifer, Edward
Pfrogner, Richard L.
Phelps, R. Gorman
Phillips, Emerson C.
Picha, Frank
Pichney, Irving J.
Pickett, Benjamin F.
Pickett, John W., Jr.
Pierce, J. W.
Pierce, Linda Stucky
Pierce, Robert R.
Pierpaoli, Paul G.
Pierson, Clarence H.
Pietri, Margarita O.
Pigott, C. D.
Pilquist, Richard M.
Pilson, Robert A.
Pilson, Robert M., Jr.
Pilson, Robert W.
Pinerman, Jerome
Pinsky, Herman H.
Pippig, Howard A., Jr.
Piraino, Vincent J.
Pivo, Robert
Plank, Donald J.
Plank, John McNeil
Plassnig, Edwin

Platt, Marvin S.
Platt, William
Pledger, Dolores M.
Plempel, Alfred C., Jr.
Plotkin, Herbert
Plotkin, Richard D.
Plotner, William C.
Plumley, R. Walter
Plummer, Robert M.
Plovsky, Nathan L.
Podoksik, Hyman B.
Poe, Crawford M.
Poffenberger, H. L.
Poggi, Gabriel J. L.
Poklis, Alphonse
Polin, Ralph R.
Pollekoff, Jacob
Pollekoff, Sheldon E.
Polekoff, Morris
Pollack, Howard
Pollack, Jerold J.
Pollack, Melvin M.
Pollack, Morton L.
Pollock, William
Polonsky, Murray
Poltilove, Geo. J.
Poltilove, Harvey G.
Pomerantz, L. H.
Popluder, Nathan
Poppleton, Miller J.
Porembsky, Joseph
Portney, Samuel
Porterfield, R. S.
Portoghese, P. S.
Posin, Benjamin W.
Potash, Oscar
Potler, David
Potocki, Peter Paul
Potts, Gifford L.
Potts, H. L.
Potts, James Meyer
Powell, F. Lee
Powell, Monte L.
Powers, Julian T.
Pozanek, Larry H.
Poznysz, Edward L.
Prag, Jules Benge
Pratt, Charles A.
Prensky, Bernard M.
Preston, Bern. J., Jr.
Price, Chester L.
Price, Charles P.
Price, Helen Elaine
Price, Walter C.
Prigal, Herman
Printz, Morton P.
Pristoop, Allan S.
Pritzker, Sherman D.
Prock, Glen C.
Pross, Clarence
Pross, Ferdinand, Jr.
Prostic, Albert
Prostic, Harry
Protokowicz, S. E.
Proudfoot, R. E.
Provenza, Stephen J.
Provost, F. T.
Pruce, Alfred Albert
Pruce, Irving M.
Pruckner, James G.
Pruss, Thaddeus P.
Purvis, William V.
Pucklis, Frank S.
Pugatsky, David
Pumpian, Paul A.
Purdum, William A.
Purnell, Dorothy M.
Pycha, Richard J.

Q

Quarles, Ralph T.
Quasney, Emil, Jr.
Quen, Edward Marc
Quvedo, de Carlos G.

R

Raap, Irvin Leonard
Rabinowitz, I. W.
Rabinowitz, Norman
Racusin, Nathan
Raedy, John Henry
Raffel, Leon
Ragains, Fred Perry
Raichlen, Isador
Raichlen, Samuel I.
Raines, Arthur
Raksin, Irving J.
Ralph, Bernard W.
Ramos, I. del P.
Ramos, Oscar R.
Randall, Gloria D. C.
Randels, John E.
Raney, John W.
Ranfone, Charles
Rankin, Alton E.
Rankin, Billy Frank
Rapaport, G. H.
Rapier, Robert M.
Rapkin, Harvey M.
Rapoport, Leonard
Rappaport, Marvin
Raschka, Theo. Lee
Rasinsky, Milton
Raudonis, John A.
Rausen, Joseph
Ravita, Salvatore J.
Rawe, Charles E.
Rawlins, Mildred A.C.
Raylman, Robert C.
Rayman, Harry M.
Read, Herbert A.
Reamer, Israel T.
Reamer, Sidney H.
Redmond, N. P., Jr.
Reed, C. H., Jr.
Reed, Clyde Eugene
Reed, Jackson S. R.
Reese, C. Clifford
Reese, Charles C.
Reese, Harry Eugene
Reese, Kenneth A.
Regimenti, Vincent J.
Reier, George E.
Reiner, Albert
Reiner, Frank
Reindollar, Wm. F.
Reinhardt, R. L.
Reinke, Budne C.
Reid, Hilary H.
Reir, Hilary H.
Reisch, Milton
Reisenweber, Harvey Donaldson
Reiser, Arnold J.
Reiser, Earl
Reiter, Arthur Paul
Reiter, Saul
Reitz, J. J.
Rella, Vitor M.
Rendel, Morris
Resnick, Elton
Resser, William Wolf
Restaino, F. A.
Rettaliata, Leo
Reynolds, A. C.
Reynolds, Bradley A.
Reynolds, C. E., Jr.
Reynolds, Ralph E.
Rezek, Geo. Jaroslav
Reznek, Paul
Rhode, John George
Rhodey, Charles L.
Ribeiro, Robert E.
Rice, Leonard M.
Rice, Howard S.
Ricedorff, Edwin M.
Rich, Frank R.
Richards, Kenneth O.
Richardson, C. G.
Richardson, C. T.
Richardson, David R.
Richardson, Lloyd N.
Richman, Emanuel
Richman, Jacob L.
Richman, Morton D.

Richman, Philip F.
Richmond, Jerome
Richmond, Sewell E.
Richmond, Wm. C.
Richter, Wm. A.
Riedel, Walter K.
Rigg, Robert Francis
Riggin, Rex
Riggs, John A.
Riley, Marie Theresa
Ringgold, B. C.
Rinker, Lemuel H., Jr.
Ripley, Albert B.
Ritchie, James R.
Ritter, Ross W., Jr.
Rizer, R. L.
Robbins, Gaythel S.
Robbins, Sam S.
Robenson, Milton N.
Robert, Rafael
Robert, W. H., Jr.
Roberts, William P
Robertson, F. W.
Robertson, W. F.
Robins, Leon Israel
Robinson, Albert J.
Robinson, Harry B.
Robinson, Joseph T.
Robinson, Maurita
Robinson, P. P.
Robinson, R. C. V.
Robinson, S. E.
Robinson, Zoe C.
Robl, Mary J. K.
Roche, John L.
Rochester, Harry L.
Rockman, Morris
Roddick, Wilkin M.
Rodell, Michael B.
Rodgers, Sister Scholastica
Rodman, Leon
Rodman, Morris
Rodney, George
Rodowskas, C. A.
Rodowskas, Jr., Christopher A.
Rodriguez, Francisco B. III
Roe, Thomas E.
Rofsky, Howard E.
Rogers, Harold L.
Rogers, Thomas B.
Rogers, William Earl
Rohoblt, Walter S.
Romanoff, Samuel A.
Rombro, David M.
Rooss, Robert V.
Rosario, Carlos del
Rose, Jonas
Rose, Louis
Rose, Shep K.
Rose, Wm. Wilson
Rosen, Donald Merle
Rosen, Leon
Rosen, Ronald H.
Rosen, Sam
Rosenbach, Hans J.
Rosenberg, Allen P.
Rosenberg, B. R.
Rosenberg, Irwin J.
Rosenberg, Joseph J.
Rosenberg, Leon
Rosenberg, Leonard
Rosenberg, Milton B.
Rosenberg, Morris
Rosenberg, Reuben
Rosenberg, Robert
Rosenberg, Walter S.
Rosenbloom, Jack H.
Rosenbloom, S. L.
Rosenfeld, Albert
Rosenfeld, David H
Rosenstadt, Aaron
Rosenstein, Aaron
Rosenstein, Harry B
Rosentein, Sol
Rosenthal, Alvin
Rosenthal, Bernard
Rosenthal, Emanuel
Rosenthal, H. T.
Rosenthal, Louis R
Roslyn, John J.
Rosoff, Philip
Ross, Earl R.
Ross, James Davis
Ross, Robert W.
Ross, William A., Jr.
Rossberg, William C.
Rostov, Samuel J.
Roth, Edward B.
Roth, Martin
Rothberg, Louis E.
Rothman, Morris E
Rothmel, Jacob
Rothstein, Paul
Rotter, Joseph Wm.
Rouzer, John R.
Rowland, Mary J. B.
Rowland, N. D.
Rowlenson, Wm. F.
Royce, Robert Francis
Ruben, Irwin
Rubens, Harry M.
Rubin, Melvin N.
Rubin, Murray Alvin
Rubin, Samuel B.
Rubin, Samuel S.
Rubin, Seldon L.
Rubin, Sylvan I.
Rubinstein, Hyman S.
Ruckart, Robert T.
Ruddie, Israel M.
Rudie, Harry
Rudo, Herbert B.
Rudo, Stanton M.
Rudoff, Oscar
Rudolph, Henry S.
Ruff, Howard
Ruff, William A.
Ruhl, Frank H.
Ruppersburger, J. J.
Rush, G. W. C.
Russ, Roger M.
Russell, J. A.
Russell, John Alex.
Russell, Richard P.
Ruth, Stephen Walter
Rutkin, Samuel

S

Sabatino, Louis T.
Sable, Louis
Sach, Abraham
Sachs, Albert
Sachs, Herbert A. L.
Sachs, Michael
Sachs, Norman R.
Sachs, Raymond
Sachs, Sylvan L.
Sachs, Walter H.
Sacki, Kurt Leo
Sacks, Melvin
Sacks, Morris
Sacks, Paul D.
Sacks, Sidney
Sadel, David
Sadel, Jacob
Sadownick, Arnold
Sadowski, Leonard J.
Safran, Sidney
Sager, Benjamin
Saks, Joseph Herman
St. Henry, Sister Mary
Saint John, M. E.
Saiontz, Marvin F.
Salmon, James F.

Salus, Arthur
Sama, Mario
Sames, Joseph H.
Sampson, A. J.
Samson, Irwin L.
Samuelson, Oscar
Sandene, Clarence L.
Sanders, Wm. E.
Sandler, Charles A.
Sandler, Solomon
Sanner, Richard T.
Sanseverino, John R.
Santoni, David A.
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Santoni, Henry A.
Sappe, Milton J.
Santoni, John D. H.
Sappe, Milton C.
Sapperstein, Alan E.
Sapperstein, Edw. I.
Sapperstein, Jacob J.
Sapperstein, William
Sarubin, Milton
Satisky, William M.
Satou, Marcus
Sause, Milton P.
Savage, Walter T.
Savin, Jules I.
Savitz, Melvin M.
Sawtelle, Seth S.
Sborofsky, Isadore
Scafidi, Arnauld F.
Scali, Peter Paul
Scelfo, Octavia A.
Scelsi, Joseph V.
Schaech, Dorothy F.
Schaefer, Charles A.
Schaefer, John F.
Schapiro, A. B.
Schapiro, Oscar M.
Schaumburg, N. L.
Schechter, George
Schechner, Jules
Scheffrin, R. E.
Scheinin, Benjamin
Scheinker, Wm. H.
Schenker, Norman L.
Schenker, Philip
Scher, Robert
Scherr, Melvin G.
Scherr, Morton B.
Scherr, Norma L.
Scherr, Stanley
Schieser, David Wm.
Schiff, Harry David
Schiff, Howard R.
Schiff, Nathan
Schiller, Richard M.
Schiltneck, Fanny
Schindel, Harry E.
Schindel, Samuel L.
Schindel, Howard E.
Schindler, Ronald E.
Schireson, Henry J.
Schirman, Dr. R. J.
Schisler, Chas. H.
Schlackman, Milton
Schlaen, Mildred
Schlager, Martin
Schlaifsteyn, R.
Schlinger, Howard R.
Schmalzer, W. J., Jr.
Schmidt, August W.
Schmidt, Chas. J., Jr.
Schmidt, F. Herman
Schmidt, Jacob E.
Schmidt, Geo. M.
Schmidt, Herman
Schmidt, Samuel
Schmitt, Fred J.
Schnaper, Morton J.
Schneider, Allan M.
Schneider, Edwin J.
Schneider, Harold
Schneider, Jack
Schneider, Marvin
Schneider, Richard J.
Schneyer, Herbert D.
Schochet, Paul
Scholtz, Frank W.
Schonfeld, Gerald
Schonfeld, Paul
Schor, Leo
Schotta, Elbert Wm.
Schrader, Harry L.
Schreibstein, Chester
Schucalter, Harry B.
Schucalter, Morris E.
Schulte, C. J. A., Jr.
Schulte, Edward Lee
Schultz, Lawrence M.
Schuman, Joseph M.
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Schumm, Fred. A.
Schuster, Gerald D.
Schwartz, B. M.
Schwartz, David I.
Schwartz, George
Schwartz, Harry
Schwartz, Henry
Schwartz, Francis H.
Schwartz, J. W.
Schwartz, Jerome
Schwartz, John T. C.
Schwartz, Martin
Schwartz, Milton
Schwartz, Nathan
Schwartz, Sorell Lee
Schwartz, Theo. H.
Schwartzburt, I. L.
Schwartzman, A. H.
Schwatka, W. H., Jr.
Scigliano, John A.
Sclar, Morton J.
Scola, Joseph
Scott, Donald W.
Scott, Edward D.
Scott, Kent W.
Sciarra, John Jack
Scott, David I.
Scoll, Lea H.
Scott, S. M., Jr.
Sealfon, Irwin I.
Seamans, Eugene A.
Sears, Edward DeF.
Sedam, Richard L.
Seechuk, William W.
Seely, Hattie May
Seff, David Joseph
Segal, Ivan G.
Segal, Julius
Segal, Sol C.
Segall, Jacob Roth
Segel, Harry
Seibert, Stanley
Seidel, Harry Louis
Seidman, Henry G.
Seidman, Sidney B.
Seigle, S. S.
Selak, John J.
Seldeen, Martin
Seldin, Isadore
Sellers, Harry H.
Seltzer, Leonard A.
Semer, Gerald M.
Sendi, Theresa Ann K
Senger, Joseph A.
Sermuksnis, Milda I.
Serpick, David Y.
Serpick, Jacob
Settleman, Jerome
Settler, Alan Lee
Settler, Myer Martin
Seward, Mary E.
Seward, William W.
Sexton, Moses
Shackelford, H. S.
Shaffer, Frederick R.
Shaffer, E. Herbert
Shaffer, Lawrence F.
Shalita, Jack Saul
Shalowitz, Marion
Shaner, Daniel S.
Shank, Earl E.
Shannon, Donald A.
Shapiro, Albert A.

Shapiro, Henry
Shapiro, Jerome B.
Shapiro, Joseph Saul
Shapiro, Leonard Jay
Shapiro, Lionel M.
Shapiro, Max
Shargel, Leon D.
Shargel, Martin C.
Shaughnessy, Sister Zoe
Shea, Harold J.
Shea, John W.
Shear, Joseph
Shear, Morton I.
Shearer, Nancy Lee
Sheer, Lawrence
Sheetz, Randall L.
Sheftelman, David
Shein, Sidney
Shellenberger, J. H.
Sheller, Samuel J.
Shelton, Wesley N.
Shemer, Stuart
Shenker, Allan B.
Shenker, Arthur
Shenker, Morris
Shenker, Sherman H.
Shepherd, Edward C.
Shepherd, Fred. P.
Sherer, Gerald
Shermak, Philip S.
Sherman, Alan
Sherman, L. F.
Sherman, Stanley M.
Sheroff, Seymour
Sherr, Allan Robert
Sherr, Bernard Erwin
Sherr, Harold G.
Sherry, David
Shershow, Harry
Sherwood, Margaret Frances
Shestack, Robert
Shevitz, Bertram M.
Shields, Arthur P.
Shimanek, L. J.
Shimkus, Michael A.
Shipler, James P.
Shipley, Albert R.
Shirey, Ronald L.
Shoben, Gerald
Shochet, Irving Edw.
Shochet, Melvin
Shocket, Sidney
Shoemaker, Ross F.
Shoemaker, T. A., Jr.
Shoemaker, W. C.
Shoemaker, W. G., II
Shook, Joseph Wm.
Shoolin, Samuel
Shore, Howard L.
Showacre, Harry A.
Showalter, Claude M.
Shpritz, Esther H.
Shpritz, Stuart
Shulman, Emanuel V.
Shulman, Joel
Shulman, Shirley S.
Shumway, M. A., Jr
Shupe, B. F.
Shure, Arthur A.
Shure, Bernard G.
Shure, Irwin
Shuster, Leon Paul
Siegel, Alvin Morton
Siegel, Arnold
Siegel, Harold H.
Siegel, Harold W.
Siegel, Irving I.
Siegel, Lawrence R.
Siegel, Paul
Sienkielewski, R. B.
Sifen, Paul
Silberg, Edgar Mano
Silberg, Harvey G.
Silberman, Irving
Silberman, Joseph J.
Silbert, Andrew W.
Silen, Irvin
Silnutzer, Meyer
Silver, Benjamin J.
Silverman, Albert M.
Silverman, Herbert E.
Silverman, Irvin I.
Silverman, Jan N.
Silverman, Sidney
Silverman, Sylvan B.
Silverman, Sylvan L.
Silverstein, Bernard
Silverstein, Fred
Silverstein, Morton I.
Simmons, Harry P.
Simmons, Leslie D.
Simms, Thomas
Simon, Alder Irvin
Simon, Alvin
Simon, Melvin
Simonoff, Robert
Simonson, John W.
Simpson, Francis P.
Simpson, John F.
Sinclair, Theodore B
Sindler, Melvyn M.
Singer, George D.
Singer, Harold B
Singer, Isidore E.
Singewald, A. G.
Singman, Henry D.
Sinker, Robert S.
Siracusa, Frederick
Sirkis, Marvin P.
Sirota, Leo Robert
Sisco, Samuel
Sisk, Leonard C.
Skaft, William
Skiba, Michael J.
Skibinski, Emil J.
Sklar, Isidore Allen
Skloff, Myer J.
Skolaut, Milton W.
Skrickus, Joseph A.
Skruch, Walter John
Skup, David A.
Slama, Frank J.
Slayton, Mary T.
Sloan, Harold T.
Slough, Herbert E.
Slusky, Louis B.
Small, Bessie B.
Small, Howard A.
Small, Isidore Irvin
Smith, Arthur Wesley
Smith, Bernard T.
Smith, Camie P.
Smith, Claude N.
Smith, Daniel Earl
Smith, David R.
Smith, Dennis B.
Smith, Edward
Smith, Edgar C.
Smith, George G.
Smith, George M.
Smith, Henry W.
Smith, Herbert C.
Smith, Howard T.
Smith, John Joseph
Smith, Jos. I.
Smith, Julius A.
Smith, Lewis Ayer
Smith, Martin
Smith, Maurice R.
Smith, Morton
Smith, Murray P.
Smith, Paul K.
Smith, Pierre Frank
Smith, Robert Wells
Smith, Raymond H.
Smith, Rudolph, Jr.
Smith, Sanford D.
Smith, Theodore S.
Smith, W. Harry, Jr.
Smith, William E.
Smith, William H.
Smith, William W.
Smulevitz, Irving
Smulovitz, David

Smulovitz, Sidney
Smyth, John B.
Snavely, R. W.
Snell, Tom J.
Snellinger, J. E.
Sniadowski, A. J.
Snively, Fred H.
Snyder, Erwin C.
Snyder, Jerome
Snyder, Larry Albert
Snyder, Nathan
Snyder, Nathan M.
Snyder, Paul Jay
Snyder, Robert Ed.
Sobczak, Valentine R.
Sober, Julian N.
Sober, Norman
Soladar, Augusta L.
Sollod, Aaron Charles
Sollod, Herbert S.
Sollod, Joseph A.
Sollod, Melvin J.
Sollod, Sylvan J.
Solomon, Sam
Solomon, Simon
Solomon, S. Samuel
Solomon, Sylvan E.
Solsky, Robert M.
Somerlatt, Virginia G
Somers, Grover S.
Sommer, Werner J.
Sopher, Martin J.
Sophocleus, G. J.
Sophocleus, Theodore J.
Sosnoski, Walter J.
Sosnowik, Lewis
Sowell, Sam
Sowbel, Irving
Sowbel, Philip
Soyles, James S.
Spahn, J. A., Jr.
Spain, Sister Lydia
Spak, Allen
Spangler, Kenneth G.
Spano, Arthur N.
Speaker, Tully J. J.
Spear, Murray C.
Spearbeck, Edward D.
Spellman, Sister Mary Rita
Sperandeo Frank J.
Spicer, O. W.
Spiegelman, Robt. W.
Spigelmire, C. E.
Spike, Sidney
Spittel, Robert John
Spittle, Elmer
Sprague, Victor Hugo
Sprecht, Charles E.
Springer, Lewis Rex
Sprowls, Winfield S.
Sprucebank, Roy A.
Stafford, Earle A.
Stahl, Charles W.
Stahl, Willam M.
Stahlhut, Carl W.
Staley, Clifton B.
Staller, Abraham
Stam, Lillian R.
Stambosky, Louis
Standiford, Isaac W.
Stank, Janice P.
Stank, Kenneth E.
Stark, Alvin
Starr, Harvey
Statter, Irvin Barry
Stattner, Milton
Staub, Brown Chas.
Stauffer, Howard C.
Stavely, Roy S., Sr.
Steel, Harold
Steele, Frank John
Steele, Wm. Richard
Stecher, Joseph L.
Steffe, John W.
Stehl, J. V.
Stein, Martin E.
Stein, Milton R.
Stein, Norman A.
Steinberg, Bernard
Steinberg, Louis
Steinberg, Oscar H.
Steinberg, Sherman
Steiner, Albert
Steinhardt, Abraham
Steinhilber, Richard
Stem, Albert W.
Stempel, Edward
Sterling, Elmer W.
Stern, Albert W.
Sterner, Paul E., Jr.
Stetson, Ross C.
Steuerman, Emanuel
Stevens, S. E
Stewart, Milton E.
Stewart, Ralph B.
Stewart, Samuel H.
Stichman, Solomon
Stidger, Hugh
Stiekman, Robert B.
Stierer, Raymond L.
Stiffman, George J.
Stiffman, Jerome A.
Stillwagon, Larmar J.
Stine, Harry
Stokosa, Milton J.
Stoler, Myer
Stombler, C. R.
Stone, Harry
Stone, Joseph J.
Stone, S. W.
Storm, Norman F.
Stotlemeyer, Chas. K.
Stotler, Robert P.
Stouffer, Harvey V.
Stout, Warren E.
Straight, Fred S.
Strasburger, Melville
Strasburger, Wm. R.
Stratmann, George M. C.
Strauch, John J.
Strauch, Joseph
Strauss, Austin
Strauss, Bernard H.
Strauss, Leo
Strauss, Leon
Streett, Edmund O.
Streett, Mechem E.
Strevig, John Alfred
Stribler, J. H.
Striner, Benjamin
Strudwick, Pricilla P.
Struntz, James P.
Sudler, Charles C.
Sugar, Harold S.
Sugar, Victor J.
Sugarman, Henry
Sulewski, B. A.
Sullivan, Clarence B.
Sullivan, Fred G.
Sullivan, Howard D.
Sullivan, William F.
Sullivan, William J.
Sultan, Walter E.
Sumrall, James Coy
Sunshine, Abraham J.
Surell, Howard S.
Survil, Anthony A.
Susel, Benjamin E.
Sussman, Bernard
Sussman, Hyman J.
Sussman, Sidney
Suter, Thomas J.
Suto, Frank Jacob
Svec, Robert Joseph
Swain, Clyde C.
Swain, Wilson B.
Swartz, Charles J.
Swartz, Harold A.
Swartz, Irving E.
Swiss, Nancy Lee
Swiss, F. L.
Symons, Julius
Syracuse, Samuel F.

T

Tabak, William
Tabler, C. W.
Taetle, Herman I.
Taich, Louis
Tam, Clement W. S.
Tamberino, Frank J.
Taransky, Allen A.
Tarantino, John Thos
Tate, Joseph McCall
Tattar, Leon Lee
Taylor, Gary Louis
Taylor, Joseph S.
Taylor, Nancy L. G.
Tague, Mary J. (Sister John Elizabeth)
Tee, Harry C., Jr.
Telasha, Donald A.
Tenberg, David Paul
Teramani, J. A.
Terrell, Alexander A.
Tesman, Jacob
Thal, Johann M.
Thayer, Franklin E.
Theodore, R. M.
Thiess, Robert E.
Thomas, Charles E.
Thomas, Francis B.
Thomas, Frank J., Jr.
Thomas, George R.
Thomas, George S.
Thomas, John R.
Thomas, Oscar B.
Thomas, Robert Willis, Jr.
Thomas Sara S.
Thome, Charles C.
Thorne, Charles F.
Thrall, Ralph B.
Thompson, Joseph E.
Thompson, Paul H.
Thompson, Robert E.
Thompson, Wm. P.
Thorne, Jean Musey
Thornton, Henry L.
Thornton, William H
Thorp, Clare Faye
Thron, Edward, Jr
Tillery, John Wm
Timmons, W. D., Jr
Tinelli, Vito, Jr.
Tinney, Francis J.
Tipton, Frank B.
Title, Irwin
Titlow, H. B.
Titus, Sister Mary I.
Tober, Theodore W
Todd, Harvey E.
Todd John C.
Todd, Robert Cecil
Toelle, Milton F.
Tokar, Elliot Sanford
Tolson, Bert D.
Tompa, Dolores F.
Tompakov, Sylvan
Tomsko, Robert F.
Toole, Frank Leo
Topakas, George A.
Topchik, Howard
Tountas, Chris Peter
Tourkin, David
Traband, M. T., Jr.
Trachtenberg, Doris
Trachtenberg, Earl S.
Trageser, Jacqueline
Tralins, Julius Jos.
Tramer, Arnold
Tregoe, Charles H.
Tremaine, Stanley A.
Tremaine, Warren L.
Tristani, Ettore M., Jr.
Toronto, Nicholas A.
Treichel, Thomas K.
Tritle, Richard R.
Tronwood, Thos. G.
Troxell, Will F.
Truitt J. Gordon
Truitt, James W., Jr.
Trull, Alfred C.
Truxton, Charles O.
Trygstad, Vernon O.
Tucker, Alexander
Tucker, William W.
Tumas, John
Turlington, R. A.
Turner, A. F., Jr.
Turner, Zachariah III
Turpin, H. J.
Twigg, Theodore K.
Tyerell, M. R.
Tyler, John Paul

U

Uhler, Gerard M
Ulan, Martin S.
Ullman, Donald A.
Ullman, Kenneth C.
Undang, Arnold
Urlock, John P., Jr.
Urspruch, William G.

V

Van Allan, Peter
Vandervort, Patricia
Van Duzer, Roberta
Vansant, Bayard
Van Slyke, Amos R.
Vasper, David Robert
Veasey, John
Vehrencamp, E. L.
Veith, Sally E.
Venick, Marvin L
Verchik, John Wm.
Vezina, Armand B.
Vicino, Dominic J.
Vidal, Manuel J.
Vilkas, Leo J.
Vinson, R. B.
Visel, C. G.
Vodenos, Philip N.
Volkman, Maurice M.
Volpe, William J.
Vogel, George
Vojik, Edward C.
Vondracek, John W.
Voshell, William F.
Voshell, William Jr.
Voxakis, George C.

W

Wachsman, Irvin L.
Waddell, Samuel J.
Wagenheim, Zelick
Waggoner, Edgar G.
Wagman, Barlow J.
Wagman, Mishel H.
Wagner, Betty G.
Wagner, Fred. H. J.
Wagner, George W.
Wagner, Herbert C.
Wagner, Karl G.
Wagner, Charles H.
Wagner, Phyllis H.
Wagner, Raphael H.
Wailes, Henry S.
Wainger, Edward
Waitsman, Earl S.
Walb, Winfield A.
Walb, Winfield S.
Walch, Edward E.
Wald, Sheldon G.
Walden, Robert W.
Waldsachs, Joseph J.
Waldman, Alvin M.
Waldman Jacob
Walker, Alfred
Walker, Carl Samuel
Walker, Paul A.
Walker, R. H.
Walkling, Walter D.
Wallace, Joseph T.
Waller, Irvin Robert
Waller, William J.
Wallis, Henry Hill
Walman, Morris

Walsh, Richard J.
Walters, Donald G.
Walter, James B., Jr.
Walter, Norman W.
Walton, Tracy McC.
Walts, David Y.
Waltz, Bradley H.
Walzer, Adolph
Waltzinger, A. F., Jr.
Wankel, Richard A.
Waples, Wm. Ewing
Ward, Francis X.
Ward, Michael J.
Ward, Stark
Warfield, Albert H.
Warfield, S. Roland
Warfield, Harry N.
Wargell, Walter F.
Warren, Daniel A.
Warren, Jerome B.
Warren, J. Noble
Warrenfeltz, J. Fred.
Warrington, C. L., Jr.
Warshaw, Samuel E.
Warthen, John D., Jr.
Wassell, Theodore J.
Wasserman, L. W.
Wasserman, Louis W.
Waterman, H. E.
Waterman, R. H.
Waters, Charles C.
Waters, Joseph Thos.
Watkins, J. W.
Watkowski, Milton R.
Watts, C. C.
Watts, Edward N.
Watts, Howard C.
Waxman, Milton M.
Wear, Arthur H.
Weaver, Beverly A.
Weaver, Frank H.
Weaver, Warren E.
Webb, James S.
Webster, Samuel E.
Webster, Thomas C.
Weeks, John A.
Wegad, Evelyn
Wehler, Randolph
Wehner, Daniel G.
Weinbach, Eugene C.
Weinberg, Harry
Weinberg, Myron S.
Weinberg, Sydney G.
Weinberger, Sally D.
Weiner, Alex
Weiner, Bernard
Weiner, David
Weiner, Leon
Weiner, Martin
Weiner, Morton H.
Weiner, Phillip P.
Weiner, Solomon
Weiner, William
Weingarten, J. H.
Weinshenker, A.
Weinstein, Daniel D.
Weinstein, Jack J.
Weinstein, Michael L.
Weisberg, Ruth R.
Weiss, Bernard
Weiss, Robert
Welch, Louis J. F.
Wells, John S.
Welsh, James J., Jr.
Weltner, William
Wenschhof, Donald E.
Werley, LeRoy D., Jr.
Wertheimer, Samuel
Wesley, Maris P.
Wesolowski, Frank J.
West, Charles C.
West, Fred Ralph
West, Henry A.
Wetchler, Solomon
Wharton, John C.
Wharton, Thomas P.
Whayland, Sewell H.
Wheeler, Ann W.
Wheeler, John B., III
Whise, Kenneth J.
White, Bernard N.
White, G. W.
White, Geo. Spencer
White, E. Riall, Jr.
White, Kermit D.
White, Luther
White, Marilyn J. W.
White, Pinkney M.
White, Thomas N.
Whitefield, James M.
Whiteley, Roland S.
Whiteley, William S.
Whitesell, Elwood E.
Whitesell, Reese E.
Whitiker, C. Irwin
Whitley, L. B.
Whittaker, E. W.
Whittemore, Edwin
Wich, Carlton E.
Wich, Henry E.
Wich, J. Carlton
Wickham, John J.
Wiederkehr, Martin
Wiener, Maurice
Wienner, Herbert
Wight, F. L., Jr.
Wilder, Earle M.
Wildsmith, Thos. H.
Wiley, Robert Allen
Wilhelm, Clarence W.
Wilkerson, Albert R.
Willard, Jester J.
Wille, Harry R.
Willer, Rose P.
Williams, Alfred S.
Williams, Clyde G.
Williams, Edward B.
Williams, Milton
Williams, William O.
Williams, Willis J., Jr.
Williamson, E. L.
Williamson, Richard J.
Willke, Herbert H.
Wilson, Edward M.
Wilson, Franklin D.
Wilson, John Jacob
Wilson, John W.
Wilson, Joseph A.
Wilson, Sister M. Joan of Arc
Wilson, Ulmer
Wilson, W. M., Jr.
Wilson, W. W.
Wilson, Walter W.
Wilson, Wilfrid A. N.
Winakur, Arthur
Winakur, Stuart
Windsor, Lester D.
Winger, David Z.
Winger, Effie V.
Winkleman, Leonard Louis
Winkler, William H.
Winn, Solomon
Winslow, Edwards F.
Winstead, Oliver P.
Winter, Samuel
Winternitz, R. F.
Wirth, Ferdinand F. Jr.
Wishner, Arnold B.
Withers, James B.
Witt, Richard L.
Wittik, Jerome S.
Witzel, John F.
Witzke, Carl H.
Wlodkowski, E. M. J.
Wode, Alvin E. W.
Woehner, Walter A.
Wojcik, Frank R.
Wolf, G. Ernest
Wolf, Nathan
Wolf, Robert F.
Wolfe, Eddie
Wolfe, J. Albert
Wolfe, James J.

Wolfe, Morris
Wolfe, W. H.
Wolff, Donald W.
Wolford, Keith H.
Wolfovitz, Martin I.
Wolfovitz, Sam
Wolinsky, Leon H.
Wollman, Joseph I.
Wolpert, Arthur
Wolsiewick, R. F.
Wood, Marguerite L.
Woltman, Enos Fred
Wong, Margaret
Wong, Ronald J.
Woodman,
Harrison Payne
Woods, Dennis S.
Woodward, J. S., Jr.
Woolford, Elmer B.
Wooten, R. O.
Worden, Lloyd G.
Worrall, Fred. W.
Wright, Fred N.
Wright, Henry D.
Wright, Joseph
Wright, L. R.
Wright, Myron J.
Wright, Thomas G.
Wright, L. B., III
Wright, Lawrence M.
Wroth, Emory S.
Wyatt Blanche B.
Wylie, H. Boyd, Jr.

Y

Yager, Frank
Yaffe, Morris Robert
Yaffe, Samuel S.
Yaffe, Stanley J.
Yankeloff, Louis G.
Yarmosky, Jack J.
Yaros, Rudolph R.
Yee, Susan
Yevzeroff, Benjamin
Yevzeroff, David A.
Yevzeroff, J. E.
Yingling, Gary L.
Yohn, Charles R.
Yospa, Irvin
Yost, Frederick
Youch, Charles A.
Young, Charles L.
Young, Donald Roy
Young, George I, Jr.
Young, James M.
Young, Paul Roscoe
Yousem, Jonas J.
Yuscavage, Wm. J.

Z

Zajac, Walter C.
Zaleski, Raymond A.
Zalevsky, Sidney M.
Zalucky, Theodore B.
Zambello, James
Zamecki, Robert J.
Zappulla, Santo A.
Zaretsky, Robert B.
Zarych, Joseph F.
Zeigler, Gervis B.
Zeller, Chas. B. Boyle
Zenitz, Barnard L.
Zentz, Milton
Zerwitz, Warren G.
Zetlin, Henry
Zerofsky, Frank
Zerofsky, Harold
Zervitz, Max M.
Zerwitz, Irving F.
Zerwitz, Sidney
Zeytoonian, Carl L.
Ziegler, Charles L.
Ziegler, John H.
Zilber, S. Nathan
Zimmer, David J.
Zimmer, Reid A.
Zimmerman, E. R.
Zimmerman, E. F.
Zimmerman, L. M.
Zimmerman, T. E.
Zimnoch, Francis X.
Zinberg, Milton M.
Zink, William P.
Zolenas, A. J., Jr.
Zuchowski, Victor L.
Zucker, Paul
Zukerberg, Morris
Zulty, Joan H.
Zvares Simon

REGISTERED ASSISTANT PHARMACISTS IN MARYLAND

The following list of Assistant Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland.

A

Adalman, Philip
Adams, E. Raymond
Albert, Arleigh H.
Amberg, Richard O.
Anderson, W. A

B

Baker, Harry B.
Baker, James I.
Balmert, Frank C.
Barr, William W.
Barrett, Francis O.
Barrow, Edward W.
Bell, Elizabeth A.
Bercowitz, B. J.
Bere, J. G.
Bernstein, Joseph
Biggs, Eldridge F.
Blatt, Henry
Blizzard, Ella M.
Boone, Wiley James
Bowmeyer, Alvin S.
Brandenburg, L. R.
Briele, August Kern
Brille, F. R.
Brooks, Homer C.
Brown, Emma H.
Brown, William
Bryan, Arthur H.
Buffington, Mrs. M.E.
Burton, Perry P.

C

Caldwell, Gerald E.
Caplan, Abraham
Carter, Clarence L.
Cherry, John M.
Christ, Edwin L.
Christopher, H. B.
Cizek, George
Clarke, Hugh V.
Cohen, Morris G.
Collenberg, Girdwood
Colona, Clarence J.
Colston, Benjamin A
Copes, James
Corbett, E. S.
Cotter, Edward F.
Councell, E. W.
Crammer, D. Preston
Crowther, Aloha H.
Cutchin, William M.

D

Davis, Edward Mann
Davis, Robert G.
Dayhoff, Edward B.
Deal, Justin
Deiter, Louis V.
Dentelhauser, L. T.
Derry, John W.
Dickinson, Frank M.
Diggs, Paul A.
Dougherty, Carl E.
Dryden, William H.

E

Easton, Maurice C.
Edwards, Gustav A.
Eichner, George W.
Eselhorst, Albert R.

F

Fearson, E. T.
Fehler, Charles E.
Fehler, John F.
Feitelberg, Samuel L.
Fields, William A.
Fiske, Christian
Flack, Herbert L.
Flounders, Mark E.
Flynn, Paul Francis
Forein, Belle
Forsythe, William F.
Fox, Lester
Fox, William R.
Frazier, Henderson S.
Full, R. F.
Funk, John W.

G

Gilmer, Franklin S.
Glantz, Hiram A.
Glick, S. Shipley
Goldman, Samuel M.
Green, William F.
Grote, Francis C. E.

H

Hague, Aldred E.
Habliston, Charles C.
Harley, John V.
Hassen, John E.
Heise, John E.
Heise, Fred H.
Herman, Mrs. H. G.
Hicks, F. I.
Hinton, George H.
Hipsley, Oscar
Holloway, M. A.
Hood, Thomas E.
Hope, John W.
Hopkins, Annie M.
Horn, Amanda I.
Hughes, Harry C.
Hughes, Ephraim G.
Humphreys, Wm. G.
Humphreys, W. B.
Hunter, Livingston O.
Hurd, A. E. S.

I

Ichniowski, Casimer T.
Ireland, Philip B.

J

Jester, Henry F.
Jones, Albert B.
Jones, Howard Wm.
Jones Paul C.

K

Kahn, Edmund
Kammerer, Wm. H.
Keenan, Robert
Keenan, Walter S.
Keller, J. E.
Kirby, Robert M.
Klepper, Charles F.
Klink, John C.

Kolb, Edwin
Kolb, Walter R.
Kremer, Isaac
Kress, Milton B.

L

Lambden, Francis A.
Lankford, Henry M.
Lautenbach, F., Jr.
Lautenbach, Geo. W.
Leary, Anna W.
Leberman, S. K. L.
Lee, Russell E.
Leiva, Carlos E.
Lemke, William F.
Lennan, Samuel C.
Levin, Milton
Lewisson, Harry
Lilly, W. I.
Lingo, Robert W.
Litsinger, Vernon L.
Lloyd, George A.
Lytle, E. C.

M

McClenny, Dick C.
McCormick, Arthur F.
McDonald, Joseph F.
McKay, Wm. Kenny
McKenna, W. C.
Mace, W. S.
Machin, Frank H.
Main, Clarence Z.
Marek, Charles D.
Marley, John V.
Martz, Wm. E.
Matthew, W. S.
Mayer, Fred
Mayers, Harry J.
Meck, Charles H.
Meredith, Charles L.
Meyers, George
Michael, V. B.
Michael, M. Harlan
Mikules, Cordelia L.
Millet, Joseph
Minchewer, W. H.
Moore, Sarah S.
Morgan, Walter L.
Mullikin, John F.
Mund, Maxwell H.
Murphey, Joseph A.

N

Newman, George L.
Newmeyer, Alvin S.
Norton, John C.
Nusbaum, Clement I.

O

Otto, Harry C.

P

Parker, George H.
Payntel, Clara S. M.
Petts, George E., Jr.
Pharr, D. C.
Phillips, Benton S.
Phillips, Edwin J.
Porterfield, Milton P.
Powers, John W.
Powers, James W.
Pressler, W. H.
Price, Roscoe D.
Proctor, S. Howard

Q

Quinn, Egbert L.
Quinn, J. Louis

R

Raiva, Philip
Ramsay, Thomas L.
Rauck, Arthur E.
Rauth, John Wm
Raynor, Clark S.
Reckitt, Charles E.
Renanhan, John L.
Riff, Charles
Ritch, Thomas W.
Robinson, H. M., Jr.
Robinson, James
Rowe, Grace E.
Rubin, Mortimer M.
Rudo, Nathan
Ruhl, Emma
Russel, W. M.

S

Sanders, Albert J.
Sauer, Mary Louisa
Saunders, Thomas S.
Schnabel, William T.
Schochet, George
Schulte, August W.
Schwartz, Daniel J.
Scott, Virginia P.
Sears, Florence
Sharrett, George O.
Sheman, George P.
Shipley, Samuel H.
Shivers, M. L.
Skilman, L. G.
Smith, J. Moseley
Smith, Leroy A.
Sprague, Lewis H.
Stacey, T. E., Jr.
Staling, J. C
Stanward, M. Benton
Stevenson, W. H.
Stimmer, Richard E.
Stiner, Wilbur C.
Stouffer, Clyde R.
Stouffer, Rankin
Strause, Geo. Alvin
Suter, Louis A.

T

Talbott, D. Russell
Taylor, James Alfred
Thomas, George W.
Thome, E. Reynolds
Thompson, Jerome J.
Thompson, Oma M.
Thomson, J. A.
Todd, Arch McA.
Totz, Hammond
Toulson, Hattie I.
Toy, Arthur T.
Trail, Edith I.
Trainor, William J.
Trattner, James N.
Troxel, Effie M.

V

Von Helms, Ernest
Vosatka, John

W

Walch, William F.
Walter, J. W.
Waltham, Alan P.
Walton, H. Webster
Ward, Harry E.
Watts, S. Tarlton
Weaver, Harry C., Jr.
Weaver, Lincoln R.
Weller, Argie G.
Weller, Charles G.
Weller, Harry
White, Earle C.
White, Robert C.
Wiggers, Clarence H.
Wiernik, Clarence
Williams, Amos C.
Williams, C. D.
Wilson Joseph O.
Wolf, Alan G.
Woodward, C. P.
Wrenick, Clarence
Wright, Edna Kirk
Wright, Loretto
Wright, Walter T.

Y

Young, H. W.

Z

Zacharias, Edwin

OFFICERS OF THE ASSOCIATION SINCE ITS ORGANIZATION

Presidents

1883—J. J. Thomsen
1884—D. C. Aughinbaugh
1885—E. Eareckson, M. D.
1886—A. J. Corning
1887—William Simon, M. D.
1888—J. Walter Hodges
1889—M. L. Byers
1890—E. M. Foreman
1891—Columbus V. Emich
2—John Briscoe, M. D.
1894—John F. Hancock
1895—Henry J. Hynson
1896—H. B. Gilpin
1897—W. C. Powell
1898—Robert S. McKinney
1899—A. R. L. Dohme
1900—Wm. E. Turner
1901—Louis Schulze
1902—J. Webb Foster
1903—W. E. Brown
1904—H. Lionel Meredith
1905—M. A. Toulson
1906—J. E. Hengst
1907—Owen C. Smith
1908—W. M. Fouch
1909—John B. Thomas
1910—Charles Morgan
1911—James E. Hancock
1912—D. P. Schindel
1913—J. Fuller Frames
1914—J. F. Leary
1915—Geo. A. Bunting
1916—Thomas M. Williamson
1917—Eugene W. Hodson
1918—W. H. Clarke
1919—D. R. Millard
1920—G. E. Pearce
1921—R. E. L. Williamson
1922—A. L. Lyon
1923—C. L. Meyer
1924—W. K. Edwards
1925—S. Y. Harris
1926—H. A. B. Dunning
1927—Harry R. Rudy
1928—Howell W. Allen
1929—Geo. W. Colborn, Jr.
1930—L. S. Williams
1931—Wm. B. Spire
1932—L. M. Kantner
1933—L. V. Johnson
1934—Andrew F. Ludwig
1935—Harry W. Matheney
1936—Melville Strasburger
1937—Robert L. Swain
1938—A. A. M. Dewing
1939—A. N. Hewing
1940—Lloyd N. Richardson
1941—T. Ellsworth Ragland
1942—Elmer W. Sterling
1943—Frank L. Black
1944—Ralph C. Dudrow
1945—Harry S. Harrison
1946—Albin A. Hayman
1947—Charles S. Austin, Jr.
1948—Milton J. Fitzsimmons
1949—Nelson G. Diener
1950—Howard L. Gordy
1951—William E. Waples
1952—Manuel B. Wagner
1953—Otto W. Muelhause
1954—Lester R. Martin
1955—Hyman Davidov
1956—Frank J. Macek
1957—George M. Schmidt
1958—Frank Block
1959—Gordon A. Mouat
1960—Harold M. Goldfeder
1961—Norman J. Levin
1962—Victor H. Morgenroth, Jr.
1963—William A. Cooley
1964—Solomon Weiner

First Vice-Presidents

1883—C. W. Crawford
1884—Steiner Schley
1885—Levin D. Collier
1886—Joseph B. Boyle
1887—C. W. Crawford
1888—C. H. Redden
1889—D. M. R. Culbreth
1890—Chas. Caspari, Jr.
1891—John Briscoe, M. D.
1892—T. W. Smith
1894—Henry P. Hynson
1895—J. W. Cook
1896—Robert S. McKinney
1897—W. S. Merrick
1898—August Schrader
1899—C. C. Waltz
1900—L. R. Mobley
1901—J. Webb Foster
1902—M. A. Toulson
1903—Owen C. Smith

First Vice-Presidents

(Continued)

1904—Mercer Brown
1905—Henry Howard
1906—A. L. Pearre
1907—J. H. Farrow
1908—J. G. Beck
1909—W. C. Aughinbaugh
1910-11—D. P. Schindel
1912—J. Fuller Frames
1913—J. D. Stotlemeyer
1914—G. A. Bunting
1915—Thomas M. Williamson
1916—Eugene W. Hodson
1917—W. H. Clarke
1918—D. R. Millard
1919—G. E. Pearce
1920—R. E. L. Williamson
1921—E. Riall White
1922—C. L. Meyer
1923—W. K. Edwards
1924-25—H. A. B. Dunning
1926—H. R. Rudy
1927—Howell W. Allen
1928—George W. Colborn, Jr.
1929—L. S. Williams
1930—W. B. Spire
1931—L. M. Kantner
1932—L. V. Johnson
1933—Andrew F. Ludwig
1934—Harry W. Matheney
1935—Melville Strasburger
1936-1937—A. A. M. Dewing
1938—A. N. Hewing
1939—Lloyd N. Richardson
1940—T. E. Ragland
1941—Elmer W. Sterling
1942—Frank L. Black
1943—Ralph C. Dudrow
1944—Harry S. Harrison
1945—Albin A. Hayman
1946—Charles S. Austin, Jr.
1947—M. J. Fitzsimmons
1948—Nelson G. Diener
1949—Howard L. Gordy
1950—William E. Waples
1951—Manuel B. Wagner
1952—Otto W. Muehlhause
1953—Lester R. Martin
1954—Hyman Davidov
1955—Frank J. Macek
1956—George M. Schmidt
1957—Frank Block
1958—Gordon A. Mouat
1959—Harold M. Goldfeder
1960—Norman J. Levin
1961—Victor H. Morgenroth, Jr.
1962—William A. Cooley
1963—Solomon Weiner
1964—Alexander J. Ogrinz, Jr.

Second Vice-Presidents

1883—Thomas W. Shryer
1884—A. J. Corning
1885—Henry R. Steiner
1886—John T. Wooters
1887—J. Walter Hodges
1888—J. F. Leary
1889—Joseph B. Garret
1890—D. C. Aughinbaugh
1891—F. A. Harrison
1892—J. Fuller Frames
1894—C. B. Henkel, M. D.
1895—George E. Pearce
1896—Steiner Schley
1897—Louis Schulze
1898—Eugene Worthington
1899—John M. Weisel
1900—J. F. Leary
1901—E. T. Reynolds
1902—W. J. Elderdice
1903—Alfred Lapouraille
1904—H. L. Troxel
1905—J. J. Barnett
1906—Alfred Lapouraille
1907—W. C. Carson, M. D.
1908—Franz Naylor
1909—W. G. Lowry, Jr.
1910—R. E. L. Williamson
1911—J. D. Stotlemeyer
1912—Henry Howard
1913—Geo. A. Bunting
1914—Henry Howard
1915—Eugene W. Hodson
1916—C. K. Stotlemeyer
1917—D. R. Millard
1918—G. E. Pearce
1919—R. E. L. Williamson
1920-21—J. W. Westcott
1922—W. K. Edwards
1923—H. A. B. Dunning
1924—S. Y. Harris
1925—L. L. Kimes
1926—Howell W. Allen
1927—Geo. W. Colborn, Jr.
1928—L. S. Williams
1929—Wm. B. Spire
1930—L. M. Kantner
1931—L. V. Johnson
1932—A. F. Ludwig
1933—Harry W. Matheney
1934—Melville Strasburger
1935—A. A. M. Dewing
1936-37—A. N. Hewing

Second Vice-President
(Continued)

1938—Lloyd N. Richardson
1939—T. E. Ragland
1940—E. W. Sterling
1941—Frank L. Black
1942—Ralph C. Dudrow
1943—Harry S. Harrison
1944—Albin A. Hayman
1945—Charles S. Austin, Jr.
1946—M. J. Fitzsimmons
1947—Nelson G. Diener
1948—Howard L. Gordy
1949—William E. Waples
1950—Manuel B. Wagner
1951—Arthur C. Harbaugh
1952—Lester R. Martin
1953—Hyman Davidov
1954—Frank J. Macek
1955—George J. Schmidt
1956—Frank Block
1957—Gordon A. Mouat
1958—Harold M. Goldfeder
1959—Norman J. Levin
1960—Victor H. Morgenroth, Jr.
1961—William A. Cooley
1962—Solomon Weiner
1963—Alexander J. Ogrinz, Jr.
1964—Morris R. Yaffe

Third Vice-Presidents

1883—Hugh Duffy
1884—Levin D. Collier
1885—T. W. Smith
1886—J. Walter Hodges
1887—Henry A. Elliott
1888—John Briscoe, M. D.
1889—E. M. Foreman
1890—J. F. Hancock
1891—J. E. Henry
1892—C. B. Henkel, M. D.
1894—George E. Pearce
1895—J. W. Smith
1896—Thomas H. Jenkins
1897—A. Eugene DeReeves
1898—C. C. Ward, M. D.
1899—C. H. Michael
1900—W. E. Brown
1901—O. G. Schuman
1902—W. R. Jester
1903—Henry Howard
1904—Wm. D. Campbell
1905—W. S. Carson, M. D.
1906—A. J. Keating
1907—J. D. Stotlemeyer
1908—H. R. Rudy
1909—E. Riall White
1910—J. P. Keating
1911—W. M. Carson, M. D.
1912—John G. McIndoe
1913—W. H. Clarke
1914—E. W. Hodson
1915—C. K. Stotlemeyer
1916—John I. Kelly
1917—G. E. Pearce
1918—R. E. L. Williamson
1919—J. W. Dorman
1920-21—W. K. Edwards
1922—H. A. B. Dunning
1923—J. H. Farlow
1924—A. C. Lewis
1925—A. N. Hewing
1926—G. W. Colborn, Jr.
1927—L. S. Williams
1928—Wm. B. Spire
1929—L. M. Kantner
1930—L. V. Johnson
1931—A. F. Ludwig
1932—Chas. D. Routzahn
1933—Melville Strasburger
1934—A. A. M. Dewing
1935—A. N. Hewing
1936-1937—Lloyd N. Richardson
1938—T. E. Ragland
1939—Elmer W. Sterling
1940—Frank L. Black
1941—Ralph C. Dudrow
1942—Harry S. Harrison
1943—Frederick B. Eason
1944—Charles S. Austin, Jr.
1945—Milton J. Fitzsimmons
1946—Nelson G. Diener
1947—Howard L. Gordy
1948—William E. Waples
1949—Manuel B. Wagner
1950—Arthur C. Harbaugh
1951—Otto W. Muehlhause
1952—Hyman Davidov
1953—Frank J. Macek
1954—George M. Schmidt
1955—Frank Block
1956—Gordon A. Mouat
1957—Harold M. Goldfeder
1958—Norman J. Levin
1959—Victor H. Morgenroth, Jr.
1960—William A. Cooley
1961—Solomon Werner
1962—Alexander J. Ogrinz, Jr.
1963—Morris R. Yaffee
1964—Milton A. Friedman

Fourth Vice President

1960—Solomon Weiner
1961—Alexander J. Ogrinz, Jr.
1962—Morris R. Yaffe
1963—Milton A. Friedman
1964—Stephen J. Provenza

Secretaries

1883—John W. Geiger
1884-88—M. L. Byers
1889-94—John W. Geiger
1895—J. F. Hancock
1896—Henry Maisch
1897-99—Charles H. Ware
1900—Louis Schulze
1901—02—Owen C. Smith
1903—Louis Schulze
1904—Owen C. Smith
1905—Louis Schulze
1906—Owen C. Smith
1907-1942—E. F. Kelly
1942-52—Melville Strasburger
1953-61—Joseph Cohen
1961-64—Nathan I. Gruz

Treasurers

1883-85—E. Walton Russel
1886-94—Samuel Mansfield
1895—Henry B. Gilpin
1896-98—D. M. R. Culbreth
1899-1900—W. M. Fouch
1901—J. R. Beck
1902-05—H. R. Rudy
1906—G. C. Wisotzki
1907-13—J. W. Westcott
1914-23—S. Y. Harris
1924-29—G. P. Hetz
1930-1936—Harry S. Harrison
1937-1953—J. F. Wannenwetsch
1954-55—Gordon A. Mouat
1955-63—John F. Wannenwetsch
1963-64—Morris Lindenbaum

Editors

1925-1939—Robert L. Swain
1939-1952—Melville Strasburger
1953-61—Joseph Cohen
1961-64—Nathan I. Gruz

MARYLAND PHARMACEUTICAL ASSOCIATION

ROLL OF MEMBERS

Active Members—As of October 1, 1964

(The following addresses are in Baltimore with Zone No. following street, unless otherwise designated).

Aaronson, Alfred I.	3729 S. Hanover St., 21225
Abramowitz, Robert N.	2401 E. Federal Street, 21213
Abrams, Arthur M.	3924 S. Sycamore Avenue, Los Angeles 8, Calif.
Agnew, Max C.	139 E. Main Street, Frostburg
Albert, Irvin J.	3811 Canterbury Road, 21218
Albrecht, Walter E.	310 Maple Road, Linthicum Heights
Albrecht, William F.	7423 Baltimore Avenue, College Park
Aldrich, Clayton B.	12611 Safety Turn, Bowie 20715
Alessi, Alfred H.	3532 Northern Pkwy., 21206
Allen, Benjamin F.	4416 Hillside Ave., 21229
Allen C. Murray	243 Virginia Avenue, Cumberland
Alpern, Elwin H.	1504 15th Street, Odenton
Anderson, D. R.	4829 Oxon Run Dr., Oxon Run Hills, 20031
Ansell, Max S.	24 E. Madison Street, 21202
Apitz, Fred W.	6227 N. Charles Street, 21212
Appel, William J.	6 N. Washington Street, Easton
Applestein, Frank	1045 N. Fulton Ave., 21217
Applestein, Harry A.	Garrison Forest Rd., Rt. 1, Box 325-A, Owings Hills 21117
Archer, Theodore, Jr.	White Hall
Armstrong, Charles L.	1207 Culvert Rd., Hampton Village, Towson 21204
Aronson, Donald	50 State Circle, Annapolis
Augsburger, Larry L.	1806 Ingram Road, 21214
August, Henry J.	12 E. Main Street, Thurmont

Baer, Adolph	1929 Virginia Ave., Hagerstown
Baikstis, Mrs. Anda	6831 Nashville Rd., Lanham 20801
Bailey, Halcolm S.	8th Street & Philadelphia Ave., Ocean City
Baker, Harley E.	4020 Aspen Hill Rd., Wheaton 20906
Balassone, Francis S.	301 W. Preston Street, 21201
Balcerak, Eugene P.	5802 Cedonia Ave., 21206
Bambrick, Vincent C.	154 Race Street, Cambridge
Banks, David E.	3802 Hayward Ave., 21215
Barnes, Attison L., Jr.	(Connolly Point), Trappe
Barrie, Louis C.	1045 Maryland Ave., Hagerstown 21740
Barshack, Jack	1431 Fuselage, Ave. 21220
Bass, Harry	4224 Pimlico Road, 21215
Batease, J. C.	5326 Baltimore Ave., Hyattsville 20781
Batie, A. Lester	126 Washington Avenue, Laurel
Batt, William H.	814 Argonne Dr., 21218
Bauer, Dr. John C.	P. O. Box 4738, 21211
Baylis, Richard D.	342 Park Hall South ,Maryland City, Laurel
Becker, Charles	24 Oaklee Village, Apt. 29, 21229
Beitler, Ben	423 Patapsco Avenue, 21225
Beitler, Leonard	4300 Ritchie Hgwy., 21225
Belford, Joseph	1601 Edmondson Avenue, 21223
Bennett, Charles W., Jr.	718 E. Main St., Salisbury
Bergeron, Paul R., II	7534 Annapolis Rd., Hyattsville 20784
Berlin, Alvin	Routes 97 & 108, Olney
Berlin, Jerome	1831 W. Mosher Street, 21217
Berman, Abraham S.	4512 Erdman Avenue, 21213

Berman, Frederic T. ....3407 Hamilton Avenue, 21214
Berman, Mitchell .... 6828 Fox Meadow Rd., 21207
Berry, Robert A. .... 6200 Annapolis Rd., Hyattsville 20784
Berry, Robert E. .... 5552 Kenilworth Ave., Riverdale, 20840
Bialek, Ted .... 8218 Wisconsin Avenue, Bethesda
Bindok, Edward J........6712 Holabird Avenue, 21222
Binstock, Albert ....8301 Harford Road, 21214
Birely, Roy M. .... 219 E. 33rd St., 21218
Bishop, Davis N........6305 Sherwood Road, 21212
Blake, Andrew B. .... 10233 Old Georgetown Rd., Bethesda 20014
Blatt, Thomas H. .... 7000 Eastern Ave., 21224
Blaustein, Arnold L. .... 1600 Oakhill Ave., Hagerstown 21741
Block, Frank .... 1524 Cypress Street, 21226
Block, Jerome .... 3433 Ripple Rd., 21207
Block, Samuel G. ....2901 E. Baltimore Street, 21224
Blum, Abraham .... 305 N. Eutaw Street, 21201
Blumson, Samuel S. .... 800 E. Baltimore Street, 21202
Boellner, O. Karl, Jr. .... 1233 Glenhaven Rd., 21212
Bonanno, Placido A. .... 1603 Montgomery Ave., Rockville 20852
Bookoff, Morris .... 820 Dulaney Valley Road, 21204
Borcherding, William H. .. 175 Meadow Rd., Riviera Beach, Pasadena 21123
Bosch, Noel J. ....1210 Reisterstown Road, 21208
Bourne, Benjamin........809 Viers Mill Road, Rockville
Bowen, Curtis A. .... 238 N. Market St., Frederick
Bowers, Martin R. .... 1455 Kirkwood Rd., 21207
Braden, A. Wayne .... 920 Ellsworth Drive, Silver Spring
Brant, Robert E. .... 531 Lee Place, Frederick
Breslin, Frederick W. .... P.O. Box 85, Leonardtown
Brill, Mrs. Phyllis W........7307 Seven Mile Lane, 21208
Brink, J. W. .... 7423 Annapolis Rd., West Lanham 20784
Brinsfield, J. R........Center Square, Rising Sun
Brodie, Stanley A. .... 6606 Marott Dr., 21207
Brodsky, Emmanuil M. .... 4000 Fordleigh Rd., 21215
Brownstein, Milton J. .... 6901 York Rd., 21212
Brunnett, William Les ....6222 Baltimore Avenue, Riverdale

Caplan, Robert M. .... 3302 Karen Dr., 21207
Caplan, Yale H. .... 3916½ Ridgewood Ave., 21215
Carmel, Harry .... 7271 Marlboro Pike, District Heights
Carmel, Joseph .... 4313 Wentworth Road, 21207
Caplan, Carl C........2214 South Road, 21209
Catlett, Ollie E. .... 2713 Nicholson St., West, Hyattsville
Catterton, Edward L........713 Dellwood Drive, Vienna, Virginia
Cavacos, Andrew T. .... 1001 W. 36th St., 21211
Cermak, Jerome J. .... 3500 Pelham Avenue, 21213
Chandler, N. W. .... 7037 Defense Highway, Landover Hills
Chatkin, Robert H. .... 401 Summit Avenue, Hagerstown
Chatkin, William C. .... 819 Washington Avenue, Hagerstown
Cherricks, Robert V. .... 107 W. Green Street, Snow Hill
Cheslow, Nathan L. .... 110 Patapsco Avenue, 21225
Chick, Stephen .... 421 Third Ave., Annapolis
Chilcoat, George O. .... 3824 Donnell Dr., Forestville 20028
Clark, Frank B. .... Ellerslie, Md.
Clinger, William T. .... Bel Air Shopping Center, Bowie 20715
Coakley, A. J. .... 7300 Washington-Balto. Blvd., College Pk. 20740
Cohen, Bernard I. .... 2217 N. Fulton Avenue, 21217
Cohen, Gerald I. .... 8118 Arrowhead Rd., 21208
Cohen, Harry C........900 Harlem Avenue, 21217
Cohen, Hershel .... 201 W. Franklin Street, 21201

Cohen, Irving I. .... 5511 Oregon Avenue, 21227
Cohen, Joseph .... 2509-A Steele Rd., 21209
Cohen, Nathan .... 5830 Jonquil Ave., 21215
Cohen, Samuel .... 1645 E. Baltimore Street, 21231
Cohen, Samuel C. .... 2735 Cylburn Ave., 21215
Coleberg, Carl L. .... Main Street, Preston
Combs, Joseph L., Jr. ...... Talbot & Chestnut Sts., St. Michaels
Connelly, Mary W. .... 6407 Liberty Rd., 21207
Connor, William J. .. Commerce St. & Railroad Avenue, Centreville
Contrino, Gabriel M. .... 428 Gusryan St., 21224
Cooley, William A. .... 100 Valley Street, Cumberland
Coombs, W. Dick .... 1710 Sanford Rd., Silver Spring
Cooper, Morris L. .... 700 W. North Avenue, 21217
Cornias, William .... 710 Light St., 21230
Cragg, James P., Jr. .... 4123 Frederick Avenue, 21229
Crane, Richard R. .... 6007 Eurith Ave., 21206
Crozier, John A. .... 901 Curtain Avenue, 21218
Cummings, M. T. .... Dunbrooke, Mountain Road, Pasadena

Dagold, Donald J. ... Waterloo & Montgomery Roads, Ellicott City
Damazo, Herbert ...... Prospect Shopping Center, S. Jefferson St., Frederick
Danoff, Abe .... 1645 E. Baltimore Street 21231
David, Alfonse S. .... 518 S. Aurora St., Easton
Davidov, Arnold .... 5115 Roland Ave., 21210
Davidov, Hyman .... 7241 Park Heights Avenue, 21208
Davidov, Louis .... 5115 Roland Avenue, 21210
Davidson, Meyer .... 935 N. Gay St., 21202
Davidson, Saul .... 3124 Greenmead Rd., 21207
Davis, Paul E., Jr. .... 106 Lakeview Dr., Salisbury
Davis, Mrs. Rebecca H. .... 2020 Bryant Ave., 21217
Deans, John .. Prince William & Main Streets, Princess Anne
Dechter, Gerald Y. .... 802 Gregorio Dr., Silver Spring
Deitch, Erwin .... 5730 Pimlico Road, 21209
Dembiec, Walter J. .... 3130 Queens Chapel Rd., Hyattsville 20782
Dembo, Julius L. .... 2200 Jefferson Street, 21205
Diamond, Louis .... 636 W. Lombard St., Room 211, 21201
Dickman, Arnold L. .... 2300 Edmondson Avenue, 21223
Diener, Nelson G. ..... 14 W. Cold Spring Lane, Apt. 408, 21210
Dobrowolsky, Myron .... 613 Kahn Dr., 21208
Donaldson, John E. .... 1020 Nora Dr., Silver Spring
Dorfman, Joseph S. .... 708 N. Belgrade Rd., Silver Spring
Dorsch, Joseph U. .. .. 728 Crestleigh Road, Ellicott City
Dougherty, John H., Jr. .... Main Street, Laurel
Dougherty, L. Patrick .... 29 S. Centre St., Cumberland
Drapkin, Leon I. .... 8706 Flower Avenue, Silver Spring
Drennen, J. Holly .... 8 S. Main Street, Port Deposit
Dripps, S. M. . ... P. O. Box 1676, 21203
Drug Fair Drug Stores . 1600 Bren Mar Drive, Alexandria, Virginia
Drukman, Herman B. ... . 6651 Belair Road, 21206
Duncan, Chester A. .... 3705 Beech Ave., 21211
Dyott, William H. .... 25 Riverside Dr., Winchester, Annapolis

Easton, James O., Jr., .. 1290 East-West Hgwy., Silver Spring 20910
Eckhardt, Henry .... 301 Marydell Road, 21229
Edelen, Brother Elias, O.H. .. 296 Allston St., Brookline, Mass. 02146
Edelstein, Joseph H. . ... 2451 Chillum Rd., West, Hyattsville
Edwards, James D. .... 102 Commerce Street, South, Centreville
Edwards, Webster K. .... 817 Hilltop Dr., Cumberland
Eisentrout, Harry G., Jr. .... 1018 Weires Ave., LaVale 21504

Elsberg, Milton L. ... 6891 George Palmer Hgwy., St. Pleasant
Engberg, John J. ... Main & Lake Streets, Salisbury
Englander, Clinton W. ... 205 E. Alder Street, Oakland
Epstein, Irwin B. ... 5624 Northgreen Rd., 21207
Eshleman, Joseph M. ... 74 Baltimore St., Cumberland 21502
Etzler, Edward A. ... 12359 Georgia Ave., Wheaton 20907
Evald, Gunnar N. G. ... 4805 Marlboro Pike, Coral Hills 20027
Eybs, Earl F. ... 29 Bloomsbury Ave., Catonsville 21228

Fader, John F., II ... 6823 Queens Ferry Rd., 21212
Fainberg, Edward ... 7542 Belair Road, 21236
Fauss, Albert L., Jr. ... 39 W. Main Street, Hancock
Fedder, Donald O. ... 201 Wise Avenue, 21222
Fedder, Eli ... 7510 Prince George Rd., Pikesville, 21208
Feinstein, Bernard S. ... 8024-14th Ave., Hyattsville 20783
Feinstein, Isadore ... 8024-14th Ave., Hyattsville 20783
Feldman, Charles W. ... 1535 W. Lexington Street, 21223
Feldman, Milton H. ... 900 N. Gilmor Street, 21217
Feldman, Morris ... 2901 Whitney Ave., 21215
Feroli, E. Robert ... York & Murdock Rds., 21212
Fine, Jerome L. ... 1301 N. Charles St., 21201
Fink, Francis T ... Martin Boulevard & Compass Road, 21220
Finkelstein, Karl H. ... 300 Main Street, Laurel
Fischer, Isadore M., Jr. .. 11 Slade Ave., Apt. 609, Pikesville 21208
Fisher, Edward H. ... 105 S. Baltimore Avenue, Ocean City
Fisher, Philip E. ... Route #2, Box 76, Berlin
Fitzsimmons, Milton J. ... 109 Main Street, Ellicott City
Flanagan, Robert M. ... 4862 Indian Head Rd., Ocon Hill
Foley, William T., Jr. ... 1 Franklin Street, Aberdeen
Folus, Irving H. ... 11010 Wheeler Dr., Silver Spring
Foss, Noel E. ... 636 W. Lombard Street, 21201
Foster, Carroll P. ... 6327 Belair Road, 21206
Franzoni, F. Royce .. 3508 N. Abingdon St. Arlington, Va., 22207
Freed, Irving ... 930 Whitelock Street, 21217
Freed, Mayer N. ... 6112 Central Avenue, Capitol Heights
Freedenberg, Marvin 5926 Riggs Road, Hyattsville
Freedman, Leonard ... 11215 New Hampsire Ave., Silver Spring
Freidson, Morris ... 6500 Greenbelt Rd., Greenbelt
Friedel, Stuart ... 6711-C Townbrook Dr., 21207
Friedman, Aaron J. ... 145 Back River Neck Road, 21221
Friedman, Albert ... 1003 S. Sharp Street, 21230
Friedman, Milton A. ... 100 S. Poppleton Street, 21201
Friedman, Nathan ... 3501 Arborwood Court, 21208
Friedman, Nathan J. ... 701 N. Gay Street, 21202

Gadol, Ellis ... 10128 Colesville Road, Silver Spring
Gaine, Jerome ... 3505 Tulsa Road, 21207
Gakenheimer, Albert C. . Cockeysville
Gakenheimer, Herbert E. 8th and "D" Sts., Sparrows Point 21219
Galperin, Irving O. ... 3301 Clarks Lane, 21215
Gaver, Paul, Jr. ... 5105 Sekots Rd., 21207
Gaver, Paul G. ... 100 W. University Parkway, 21210
Gazda, John J. .. 6872 George Palmer Hgwy., Seat Pleasant, 20027
Gelblum, Samuel ... 405 Stemmers Run Rd., 21221
Gelrud, Jack ... 6 Coral Drive, North, Lexington Park
Gendason, Harry ... 5356 Gist Ave., 21215
Geser, Alvin N. ... 118 W. State St., Trenton 8, N.J.
Getka, Milton S. ... 644 Stamford Road, 21229
Gilbert, Theodore ... 320 Domer St., Laurel 20810
Gildea, William J. ... 131-B Dumbarton Rd., 21212

Ginsberg, Samuel H. .... 3106 Oakfield Ave., 21216
Gittleson, Ralph .... 2340 University Blvd., Adelphi
Glaeser, Henry J., Jr. .... 3 Westminster Street, Manchester
Glaser, Abraham E. .... 1014 Wilson Point Rd., 21220
Glaser, Louis L. .... 511 Avondale Road, 21222
Glass, Larry P. .... 11305 Georgia Ave., Wheaton 20906
Glassband, Herman .... 3315 Laurie Rd., 21207
Gleiman, Irvin J. ....1939 Madison Avenue, 21217
Glennan, Harry E. .... 3102 Action Rd., 21214
Glick, Henry J. ....120 N. Smallwood Street, Cumberland
Gluckstern, Wilfred H. ....820 Dulaney Valley Road, 21204
Goashgarian, K., 8101 Barlowe Rd., Palmer Pk., Hyattsville 20785
Goldberg, Milton .... 3903 Hollins Ferry Road, 21227
Goldfeder, Harold M.........6100 Rhode Island Avenue, Riverdale
Goldfine, Stuart H. .... 824 Windsor Rd., Cumberland
Golditch, Henry M...................2447 E. Preston Street, 21213
Goldsmith, Meyer .... 1227 Pennsylvania Ave., 21217
Goldstein, Albert .... 109 Addison Rd., Seat Pleasant
Goldstein, Paul L. .... 4107 Ronis Rd., 21208
Goldstein, Sam A. .... 1100 N. Calhoun Street, 21217
Goldstein, Samuel W.................. 3434 Phillips Dr., 21208
Goodman, Irvin ....55 E. Main Street, Westminster
Goodman, Leon .... 6310 Ivymount Rd., 21209
Gorban, Thomas .... 1141 University Blvd., Langley Park
Gordy, Howard L. .... 213 E. Main Street, Salisbury
Gould, Clarendon L. .... 201 Somerset Ave., Cambridge
Greenberg, Albert G. .... 5002 Ritchie Hgwy., 21225
Greenberg, Harry .... 5451 Belair Road, 21206
Greenberg, Joseph .... 2710 W. Garrison Ave., 21215
Greenberg, Morton .... 50 Old Annapolis Rd., Severna Park
Greenberg, Paul R. .... 5608 Belleville Ave., 21207
Greenberg, Solomon W. 6315 29th Pl., N.W., Washington, D.C. 20015
Greenfeld, David D. .... 5201 Windsor Mill Road, 21207
Greenfeld, Jacob H. .... 2879 Lafayette Ave., 21216
Gregg, Ernest, Jr. .... 115 S. Third St., Oakland
Greif, Daniel .... 1625 Wilkens Ave., 21223
Gruz, Nathan I. .... 650 W. Lombard Street, 21201
Guild, Cecil E. .... 44 W. Main Street, Westminster
Guy, J. P. .... 2 N. Washington St., Rockville 20850

Hack, Morris B. .... 7311 Park Heights Ave., Apt. 106, 21208
Hahn, Albert G. 324 W. Saratoga Street, 21201
Hambright, Harold T., Jr. 10214 New Hampshire Ave., Silver Spring
Hamet, Harry .... 2712 Cylburn Ave., 2nd Floor, 21215
Hanks, Carleton W., Jr. .... 221 Maryland Avenue, Cumberland
Hansen, Herbert O. .... 4707 Marlboro Pike, Coral Hills
Hansen, Herman F. .... 203 Preston Ct., Apt. B, 21228
Harbaugh, Arthur C. .... 872 Mulberry Avenue, Hagerstown
Harman, Richard T. .... 5606 Main St., Elkridge 21227
Harnish, Robert A. .... 201 Woods Dr., Annapolis
Haskell, Miss Marian L. .... 1712 Kurtz Ave., Lutherville
Hayes, William B. .... 507 Mace Avenue, 21221
Hayman Albin A. .... 415 Forest Lane, Salisbury
Hayman, Thomas J. .... 415 Forest Lane. Salisbury
Hayward, Robert ..7939 New Hampshire Ave., Langley Pk., 20783;
Heer, Wilmer J. ....2724 Harford Road, 21218
Heilman, Gerald J. .... 1615 Cottage Lane, 21204
Hendelberg, I. J. .... 4637 York Road, 21212
Henderson, Marvin W. .... 7401 Harford Road, 21234
Henderson, Robert W. .... 4701 Strathdale Rd., Apt. E, 21206
Hendrix, Adlai M., Jr., ... 8315 Georgia Ave., Silver Spring, 20910

Heneson, Henry .... 3021 Chelsea Terrace, 21216
Hershner, John F. .... 2017 Burnwood Rd., 21214
Hesson, Charles E. .... 7824 Kavanagh Rd., 21222
Heyman, Bernard P. .... 3710 Brownsbrook Ct., Randallstown
Hill, William C. .... 30 E. Dover Street, Easton
Hilliard, M. Evans .... 4943 Belair Road, 21206
Hillman, E. C., Jr. .... 4920 Annapolis Rd., Bladensburg
Hillman, Milton L. .... 19 Tulagi Place, Lexington Park
Hirsch, Peter .... 3706 Parkfield Rd., 21208
Hirz, Bernard B., 10113 New Hampshire Ave., Silver Spring, 20903
Holmes, Everett J. .... 3318 Spaulding Ave., 21215
Holtschneider, Douglas .... 3301 Eastern Ave., 21220
Hopkins, Charles H. .... 7 York Street, Taneytown
Hopkins, Ronald M. .... 7 York St., Taneytown
Hornsby, W. P. .... Indian Head Shopping Ctr., Indian Head 20640
Hoy, R. Gordon .... 1437 Cedarcroft Rd., 21212
Huber, George H. .... 7663 New Hampshire Ave., Langley Pk., 20783
Hutchinson, William J. .... 2412 Ellis Rd., 21234

Imbierowicz, Robert R. .... 6007 Edna Ave., 21214

Jackson, Clifford P. .... 115 N. Parke St., Aberdeen
Jackson, Walter V. .... 2009 Edmondson Ave., 21228
Japko, Albert M. .... 3854 Dolfield Ave., 21215
Jaslow, Marvin B. .... 8713 Allenswood Rd., Randallstown
Jason, Lawrence ...... 5350 Westbard Ave., Washington, D.C. 20016
Jeppi, Samuel P. .... 200 Witherspoon Rd., 12212
Johnson, Clyde G. .... Somerset Avenue & Prince William Street,
Princess Anne
Johnson, James E. .... 1801 Chelsea Rd., 21216
Johnson, Joseph L., Sr. .... 529 Harwood Ave., 21212
Johnson, Warren .. 4819 Indian Head Rd., Washington, D.C. 20021
Jones, Howard B. .... 600 S. Third Street, Oakland
Jones, W. Bowen .... P. O. Box 521, Willow Street, St. Michaels
Jordan, Joseph J. .... Market Street, Denton
Judy, Francis L. .... 2 Byrd Avenue, Cumberland
Jules, Bernard C. .... 3420 Woodvalley Dr., 21208

Kadish, Aaron .... 3630 Valley Terrace, Apt. B-4, 21207
Kahler, Mrs. Grace E. .... Cedar Lane, Ellicott City, Route 4
Kahn, Reuben .... 1722 Wilkens Avenue, 21223
Kalb, Francis P. .... 4419 Kenwood Avenue, 21206
Kamanitz, Irvin L. .... 100 W. Main Street, Salisbury
Kamenetz, Irvin .... 6913 Belair Road, 21206
Kaminski, Felix H. .... 3138 O'Donnell Street, 21224
Kammer, William H. .... 701 E. Preston Street, 21202
Kantorow, Bennett R. .... 3421 Glen Ave., 21215
Kantorski, Robert R. .... 1540 Stonewood Rd., 21212
Karpa, Isadore .... 3401 Bateman Ave., 21216
Karpa, Jerome J. .... 1827 New Eastern Blvd., 21221
Karpa, Maurice J. .... 1402 Reisterstown Road, 21208
Karr, William S. .... 9515 Harford Road, 21234
Katz, Gabriel E. .... 9925 Rhode Island Avenue, College Park
Kaufman, Stanley L. .... 911 Beechfield Avenue, 21229
Kaufmann, Frank A. .... 401 York Rd., Towson 21204
Kavanaugh, Minor J. .... 327 Winter Quarters Drive, Pocomoke City
Kaye, Myles C. .... 6609 Riverdale Rd.. Riverdale
Keller, Thomas H., Jr. .... 1813 Heathfield Road, 21214
Kellough, Elmer R., Jr. .... 501 Decatur Street, Cumberland
Kelly, Robert J. .... 713 Elizabeth Street, Easton

Kenney, Fern E.	953 Winifred Rd., Cumberland
Kerpelman, I. Earl	722 S. Salisbury Blvd., Salisbury
Kesmodel, Charles R.	5026 W. Hills Road, 21229
Kexel, Leroy E.	2002 Northbourne Road, 21214
Kirk, Miss Catherine E.	Rising Sun
Kirson, Abraham	8201 Stevenson Road, 21208
Kirson, Jerome	743 N. Central Avenue, 21202
Kirson, Walter	3313 Midfield Road, 21208
Kitchen, William Y.	60 West Street, Annapolis
Klavens, Elmer	6311 Greenmeadow Parkway, 21209
Klavens, Sidney R.	1117 Light Street, 21230
Kline, Bernard B.	8309 Grubb Road, Silver Spring
Kline, Sidney	3902 Buckingham Road, 21207
Kling, Herman M.	2245 E. Fayette Street, 21231
Klingaman, Claude R.	124 Williams Street, Bel Air
Klingel, Mrs. Ruth M.	101 Cheapside Street, 21202
Klotzman, Alfred	1041 Edmondson Avenue, 21223
Kobin, Benjamin	1000 W. Cross Street, 21230
Koch, Ervin M.	4717 Mercury Drive, Rockville, 20853
Kokoski, Robert J.	1218 Maiden Choice Lane, 21229
Koons, George S.	31 Concocheague Street, Williamsport
Kosakowski, Chester G.	635 S. Lakewood Avenue, 21224
Koustenis, Harry G.	4101 Branch Avenue, Washington, D.C.
Kramer, Leonard H.	442 E. North Avenue, 21202
Kramer, Morris	1801 W. Lexington Street, 21223
Kramer, Samuel E.	2702 Hanson Avenue, 21209
Krantz, Dr. John C., Jr.	7824 Ellenham Road, 21204
Kraus, L. H., Jr.	400 S. Division Street, Salisbury
Krieger, Max A.	7900 Harford Road, 21234
Kronthal, Jacob L.	7241 Park Heights Avenue, Apt.-C, 21208
Kroopnick, Godfrey D.	920 Whitelock Street, 21217
Krusniewski, B. A.	2908 Scherer Avenue, 21234
Kursvietis, Anthony J.	4904 Crowson Avenue, 21212
Lachman, Bernard B.	5024 Park Heights Avenue, 21215
Lachman, Marvin M.	118 Chartley Boulevard, Reisterstown
Laken, Bernard	1301 W. North Avenue, 21217
Lapin, Bernard J.	2701 Old North Point Road, 21222
Latona, Salvatore J.	4007 34th Street, Mt. Rainier
Lavin, Bernard	1005 Bayridge Avenue, Annapolis
Lawlor, Henry W.	Charles Theatre Building, La Plata
Lawson, Alfred M.	3415 Hamilton Street, Hyattsville
Lawson, Dr. Arnold	3319 Gumwood Dr., Hyattsville
Layden, William	2140 W. Baltimore Street, 21223
Lazarus, Leon J.	401 Eastern Avenue, 21221
Lebson, David	4605 Edmondson Avenue, 21229
Lebson, Hyman	4605 Edmondson Avenue, 21229
Leise, David	110 Hamilton Avenue, Silver Spring
Lemler, Abraham A.	1801 W. Lexington Street, 21223
Levin, Arthur	101 N. Washington Street, Havre de Grace
Levin, Barry S.	2101 Garrison Boulevard, 21216
Levin, Benjamin	2031 Merritt Avenue, 21222
Levin, Benjamin S.	6300 Eastern Avenue, 21224
Levin, Bernard	910 Leeds Avenue, 21229
Levin, Harold P.	537 E. 41st Street, 21218
Levin, Jack B.	6025 Liberty Road, 21207
Levin, Leon P.	1720 E. Joppa Road, 21204
Levin, Morris	1612 Kelly Avenue, 21209
Levin, Norman	910 Leeds Avenue, 21229
Levin, Norman J.	1401 Reisterstown Road, 21208
Levin, Theodore	Poplar Grove & Lafayette Avenue, 21216

Levine, Jay E. ....2211 Fairfax Road, Hagerstown
Levinson, Henry....................721 Poplar Grove Street, 21216
Levitis, Louis ....11401 Georgia Avenue, Silver Spring
Levy, Abraham M.......................1612 Kelly Avenue, 21209
Levy, Donald ...7111 Old North Point Road, Sparrows Point 21219
Levy, Melvin ....6707 Chokeberry Road, 21209
Lewis, F. Harold ....4504 Garrison Boulevard, 21215
Leyko, Gregory W. A...............2501 W. Baltimore Street, 21223
Libowitz, Aaron M.........................4901 Belair Road, 21206
Lichtman Harry S. ....2805 Old North Point Road, Dundalk, 21222
Lieb, Frank J. ....1600 S. Charles Street, 21230
Lindeman, Philip D. ....120-A Carolyn Avenue, Salisbury
Lindenbaum, Louis ....515 S. Camp Meade Road, Linthicum
Lindenbaum, Morris..................5 Main Street, Reisterstown
Lipsky, Harold H. ....951 Pennsylvania Avenue, 21201
Little, Robert S. ......1519-21 Potomac Avenue, Hagerstown, 21714
Litvin, Sidney B. ....6821 Parsons Avenue, 21207
Loftus, John ....2831 Liberty Parkway, 21222
Lohmeyer, Lloyd W. ....390 W. Main Street, Crisfield
Lowry, Raymond J. .... 45 Main Street, Westernport
Lykos, Nicholas C. ....2101 York Road, Timonium
Lyon, James H. ....328 St. John Street, Havre de Grace
Luley, Charles E. .... 4670 Suitland Road, Suitland, 20023

McCall, George B. ....2101 Kentucky Avenue, 21218
McComas, J. Ross ....8642 Loch Raven Boulevard, 21204
McCagh, Frank L. ....101 N. Centre Street, Cumberland
McGinity, F. Rowland ....3039 Eastern Avenue, 21224
McKenna, Richard S. ....1703 Bay Ridge Avenue, Annapolis, 21403
McKew, Thomas H. ....1600 N. Gay Street, 21213
McDougall, Bernard C. .... 30 Main Street, Sykesville
McLarty, David C. .... 4128 Westview Road, 21218
McTeague, Charles J. ....609 Fairway Drive, Towson, 21204
Macek, Bernard F. .... 2245 Eastern Avenue, 21231
Macek, Frank J. ....1736 Aliceanna Street, 21231
Macek, Walter P. .... 4708 Parkside Drive, 21206
Mackay, Walter P. ....285 E. Main Street, Frostburg
Macks, Ben H. .... 436 Eastern Avenue, 21221
Maczis, William J. ....4405 Hooper Avenue, 21229
Magiros, John G. ....8 S. Rogers Avenue, Ellicott City, 21043
Malone, William W.........................Bay Avenue, North Beach
Manheimer, Raymond B. .... 2502 Eutaw Place, 21217
Marcus, Michael .... 2021 W. Pratt Street, 21223
Marek, Anton C. ....701 N. Lakewood Avenue, 21205
Marinelli, Carroll P...................2444 E. Biddle Street, 21213
Markley, Edward B. .... 3701 Falls Road, 21211
Martin, Richard E. ....610 Philadelphia Avenue, Ocean City
Martin, Robert J. ........R.F.D. #5, Box 356-A, Cumberland, 21505
Mask, Jerome..................2701 Old North Point Road, 21222
Mayer, Alexander M.................1800 N. Charles Street, 21201
Mendelsohn, James F. ..5432 Old Court Rd., Apt. 302, Randallstown
Mendelsohn, Max L. ....3635 Woodland Avenue, 21215
Mercer, Robert V. ....911 Pine Avenue, Frederick
Meyers, Jacob S. .... 8302 Liberty Road, 21207
Meyers, Louis L. ....8811 Ashford Road, 21234
Meyers, Macy H. ....Liberty Road, Eldersburg Sykesville
Miden, Julian I. .... 3133 W. Belvedere Avenue, 21215
Miller, Alvin B. ....4004 Emmart Avenue, 21215
Miller, Jack W. .... 8464 Annapolis Road, Hyattsville, 20784

Miller, Lewis	2325 Callow Avenue, 21217
Miller, Reuben	1855 Leesburg Pike, Falls Church, Virginia
Miner, Richard L.	3204 Hamilton Street, Hyattsville, 20782
Mitchell, J. P.	10141 Colesville Rd., Silver Spring, 20901
Moler, Robert K.	801 Tollhouse Avenue, Frederick
Moore, Theodore C.	500 Hilltop Terrace, Alexandria, Virginia
Morgenroth, Victor H., Jr.	2207 Belleview Road, 21228
Morgenstern, William A., Jr.	6328 Windsor Mill Road, 21207
Morris, Samuel	9603 Cottrell Terrace, Silver Spring
Morton, Joseph H.	332 E. Belvedere Avenue, 21212
Mouat, Gordon A.	3300 Greenmount Avenue, 21218
Mullen, Charles L.	100 N. Market Street, Frederick, 21701
Murphy, Jerome E.	914 Argonne Drive, 21218
Murphy, John H.	38 N. Main St., Hampstead
Mutchnik, Melvin	5804 Gist Avenue, 21215
Myers, Bernard	2411 Forest Green Road, 21209
Myers, Charles	3406 Manor Hill Road, Pikesville, 21208
Myers, Ellis B.	3622 Anton Farms Road, Pikesville, 21208
Myers, Irving	1820 Earhart Road, 21221
Myers, Lyndon B.	Main Street, Mt. Airy
Myers, Morton	2611 W. Belvedere Avenue, 21215
Myers, Richard E.	4429 Forest View Avenue, 21206

Neuberger, Arnold J.	Jarrettsville, Md.
Neun, Mrs. Alberta E.	4800 Roland Avenue, 21210
Neun, Charles J.	301 E. Baltimore Street, 21202
Neutze, John F.	433 Kenneth Square, 21212
Newman, Albert	309-311 N. Union Avenue, Havre de Grace
Newman, David	309-311 N. Union Avenue, Havre de Grace
Newman, Jerome	316 Fountain Street, Havre de Grace
Nitsch, Charles A.	837 Frederick Avenue, 21228
Nobel, Louis N.	7460 Wisconsin Avenue, Bethesda, 20014
Noll, Mrs. Violet B.	5023 Baltimore National Pike, 21229
Norris, Earl M.	4706 Liberty Heights Avenue, 21207
Nussbaum, Edward D.	2208 Viers Mill Road, Rockville

Oed, Marvin L.	743 S. Conkling Street, 21224
Ogrinz, Alexander J., Jr.	3300 Greenmount Avenue, 21218
O'Hara, John J.	6815-C Blenheim Road, 21212
Ohlendorf, Albert V.	714 Stoneleigh Road, 21212
Oken, Jack	700 N. Broadway, 21205
Oken, Louis E.	6701 Harford Road, 21214
Oleszczuk, Melvin J.	1800 Eastern Avenue, 21231
Owens, Bennie G.	5 McPherson Road, Annapolis

Padousis, John E.	1577 Doxbury Road, 21204
Palmer, Mathias	8642 Loch Raven Boulevard, 21204
Pannill, William E.	2104 Marilyn Drive, S.E., Washington, D.C.
Papiermeister, Joseph	9865 Main Street, Damascus, 1467
Parker, James A. I.	3737 University Boulevard, West, Kensington
Parker, Richard D.	3501 Stark Street, Kensington
Parlett, G. Dawson	268 Meadow Road, Riviera Beach
Patterson, Walter J.	4123 Frederick Avenue, 21229
Payne, Harry	5 W. Potomac Street, Brunswick
Payne, Thomas M.	32 N. Washington Street, Easton
Pearlman, David	3107 W. North Avenue, 21216
Pearlman, William L.	3107 W. North Avenue, 21216
Pelovitz, Nathan G.	1713 Edmondson Avenue, 21228
Pemsel, E. R.	W. 7th St. at Briggs Avenue, Frederick, 21701
Penn, Thomas M. G.	12 Paradise Avenue, Mt. Airy

Peoples Drug Stores, Inc....60 Florida Ave., N.E. Wash., D.C. 20002
Petralia, Anthony J. ....4901 Frankford Avenue, 21206
Pfeifer, C. Edward ....1307 E. 36th Street, 21218
Pfeifer, C. Edward, Jr. .... 1201 Light Street, 21230
Pfeifer, Charles M. ....3619 Yolando Road, 21218
Pfrogner, Richard L. .... 54 N. Centre Street, Cumberland
Phillips, Mrs. Carrie G. ....34 Nunnery Lane, Catonsville, 21228
Phillips, Emerson C. ....133 Truitt Street, Salisbury
Picha, Frank ....3203 Northern Parkway, 21214
Pickett, Benjamin F. ....4505 Maple Avenue, Halethorpe, 21227
Pickett, John W., Jr. .... 6917 Arlington Road, Bethesda, 20014
Pilson, R.A. .... Main Street, New Windsor
Pinsky, Herman H. ....430 E. Baltimore Street, 21202
Piraino, Vincent J. ....1722 Lakeside Avenue, 21218
Plotkin, Richard D. ....8513 Stevenswood Road, 21207
Poklis, Alphonse .... 329 E. High Street, Chestertown
Pollack, Morton L. .... Charles & 34th Streets, 21218
Poppleton, Miller ....8559 Georgia Avenue, Silver Spring
Popluder, Nathan .... 2610 Harford Road, 21218
Porterfield, M. Perry .... 925 Pennsylvania Avenue, Hagerstown
Porterfield, Raymond S. ....42 McKee Avenue, Hagerstown
Portney, Samuel .... 551 N. Fulton Avenue, 21223
Potler, David .. ..1768 E. West Highway, Silver Spring
Prensky, Bernard M. .... 6573 Ager Road, Hyattsville
Protokowicz, Stanley E. ....4430 Kendi Road, 21206
Proudfoot, Robert E. .... 106 S. Second Street, Oakland
Provenza, Stephen J. .... 101 W. Read Street, 21201
Pruce, Alfred .... 5503 S. Bend Road, 21209
Pucklis, Frank S. .. ..1367 Pentridge Road, 21212
Purnell, Mrs. Dorothy M. ... 22 Sherwood Avenue, Pikesville, 21208
Pycha, Richard J. ....5568 Cedonia Avenue, 21206

Raichlen, Isador .. ..4117 Ronis Road, 21208
Raichlen, Sam I. .... 3300 Keswick Road, 21211
Rankin, Alton E. .. ..21 Wisconsin Circle, Chevy Chase, 20015
Rasinsky, Milton . ... 30 W. Main Street, Westminster
Raudonis, John A. 1180 Evergreen Dr., N. E., Atlanta, Georgia,30319
Rayman, Harry M. ... 4400 Stamp Road, Washington, D.C. 20031
Read's Drug Stores.. .... 2523 Gwynns Falls Parkway, 21216
Reamer, Sidney .... 8016 New Hampshire Avenue, Langley Park
Reed, J. Ronald .... 31 N. Potomac Street, Hagerstown
Reiser, Arnold J. . . . 2805-07 Old North Point Road, 21222
Resser, William W. ....112 Forest Drive, Cumberland, 21502
Rettaliata, Leo C. .... 2200 N. Charles Street, 21218
Reznek, Paul .. .. 11182 Baltimore Boulevard, Beltsville
Richardson, Lloyd N. 1 N. Main Street, Bel Air
Richman, Emanuel ..Mountain Rd. & Ritchie Hgwy., Glen Burnie
Richman, Jacob L. .. .. 1515 Bloomingdale Road, 21216
Richman, Philip .... 90 West Street, Annapolis
Richmond, Sewell E. 5500 Park Heights Avenue, 21215
Ritchie, James R. .. 6813 Riverdale Rd., Apt. M-7, East Riverdale
Robbins, Sam S. .... 4401 Liberty Heights Avenue, 21207
Roberts, William P. .... 5306 York Road, 21212
Robinson, Lester G. 2139 Pennsylvania Avenue, 21217
Robinson, Zoe C. ....3604 Clifton Ave., 21216
Rochester, Harry L...................5212 Reisterstown Road, 21215
Rodowskas, Christopher A. 616 Patapsco Avenue, 21225
Roos, Robert V. ....4287 Branch Avenue, Marlow Heights
Rosen, Donald M. 419 Ritchie Highway, South, Glen Burnie
Rosenberg, Irwin J. .... ..13870 Georgia Avenue, Silver Spring
Rosenberg, Leon .... 9925 Rhode Island Avenue, College Park

Rosenberg, Morris .. 6480 New Hampshire Avenue, Takoma Park
Rosenberg, Robert 100 Baltimore-Annapolis Blvd., N.E., Glen Burnie
Rosenfeld, Albert ... 224 Stonecroft Road, Apt.-D, 21229
Rosenstein, Aaron ... 1401 E. North Avenue, 21213
Rosenthal, Alvin ... 3529 Dolfield Avenue, 21215
Rosenthal, Herbert T. ... 3308 Ludgate Road, 21215
Rosenthal, Louis R. ... 3808 Fordleigh Road, 21215
Ross, Earl R. ... 7623 Perring Terrace, 21234
Ross, William A., Jr. ... 2521 Huron Street, 21230
Rossberg, William C. ... 2526 Washington Boulevard, 21230
Rubin, Melvin N. ... 8512 Green Lane, 21207
Rubin, Murray A. 901 Southern Ave., S.E., Washington, D.C.. 20013
Rubin, Sylvan I. ... 714 N. Wayne St., Arlington, Virginia, 22201
Rudo, Herbert B. ... 4404 Maine Avenue, 21207
Ruddie, Israel M. ... 6124 Edmondson Avenue, 21228
Rudoff. Oscar ... Windsor Mill Rd., Ext., P.O. Box 130-E, 21207
Ruff, William A. ... 2647 Chesterfield Avenue, 21213
Ruppersberger, John J. ... 5202 Eastbury Avenue, Apt.-L, 21206
Russ, Roger M. ... 4803 Allentown Rd., Andrews Manor Shopping Center, Camp Springs

Sabatino, Louis T. ... 8301 Harford Road, 21214
Sachs, Michael ... Washington Street & Park Place, Leonardtown
Sachs, Raymond ... 6 Coral Drive, North, Lexington Park
Sachs, Walter H. ... 4777 Byron Road, 21208
Sacks, Morris ... 4104 Barrington Road, 21207
Salmon, James F. ... 210 Pleasant Trail, Hagerstown
Santoni, David A. ... 3520 E. Lombard Street, 21224
Santoni, Henry A. ... 4301 Belair Road, 21206
Santoni, John D. H. ... 5929 Ayleshire Road, 21212
Sappe, Milton J. Box 243, Route No. 4, Cape St. Claire, Annapolis
Sapperstein, Edward I. ... 5105 Levindale Road, 21215
Sapperstein, Jacob H. ... Cockeysville, Md.
Satisky, William M. ... 4753 Bonnie Brae Road, 21208
Savage, Walter T. ... 5 Main Street, Berlin
Scali, Peter P. ... 321 Holly Hill Road, Reisterstown
Schaefer, Dr. John F. ... 424 Nottingham Road, 21229
Schapiro, Abraham B. ... 4601 Park Heights Avenue, 21215
Schapiro, Oscar M. ... Jarrettsville-Paper Mill Road, Phoenix
Scheinker, William H. ... 6605 Walther Ave., Apt. 2-D, 21206
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Walman, Morris R.	6715 Reisterstown Road, 21215
Walsh, Richard J.	3500 East-West Highway, Hyattsville, 20782
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Weiner, Phillip P.	4222 W. Rogers Avenue, 21215
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Rosenstein, Sol .... 5407 Gist Avenue, 21215

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INDEX

Page

Addresses:
- William S. Apple 101
- James R. Bain 74
- Calvin Berger 109
- F. Eugene Donnelly 70
- Donald O. Fedder 83
- Homer Higgs 74
- David J. Krigstein 116
- Dr. Peter Lamy, Moderator 72
- Alexander J. Ogrinz, Jr., Moderator 87
- Wilbur E. Powers 86, 109
- Leonard Rosenstein 115
- Willard B. Simmons 88
- Robert C. Stuart 79

Articles of Incorporation 150

Banquet 139

Cancer Educational Program 70

Code of Ethics 151

Committees 1964-65 and Committee Functions 144

Committee Reports:
- Auditing, Charles E. Spigelmire, Co-Chairman 38
- Building, Sam A. Goldstein, Chairman 26
- Civil Defense & Disaster Survival, Jerome Block, Chairman 37
- Constitution & By-Laws, Frank Block, Chariman 53
- Executive, Victor H. Morgenroth, Jr., Chairman 23
- Fair Trade, Simon Solomon, Chairman 38
- Finance, Gordon A. Mouat, Chairman 49
- Insurance & Pension, Norman J. Levin, Chairman 47
- Legislative, Jerome Mask, Chairman 30
- Membership, Morris R. Yaffe, Chairman 47
- Nominating, Victor H. Morgenroth, Jr., Chairman 136
- Pharmacy Week, Morris L. Cooper, Chairman 45
- Professional Relations, Stephen J. Provenza, Chairman 31
- Public Relations, Charles E. Spigelmire, Chairman 33
- Publications, B. Olive Cole, Chairman 51
- Resolutions, Noel E. Foss, Chairman 121
- School of Pharmacy, Irving I. Cohen, Chairman 28
- Social, Solomon Weiner, Chairman 7
- Robert L. Swain Seminar, Irving I. Cohen, Chairman 29
- Trade Relations, Aaron M. Libowitz, Chairman 26

Constitution and By-Laws, M.P.A. 153
Constitution and By-Laws, B.M.P.A. 167
Constitution and By-Laws T.A.M.P.A. 161
Membership Roll, Active 201
Membership Roll, Other 214
Members of T.A.M.P.A., List of 218
Memorial Services . . . 120 . . . In Memoriam 143
Narcotic Regulations for Oral Prescriptions 148
Officers of Association, 1964-65 3
Officers of B.M.P.A., 1964 and Past Presidents 166
Officers of L.A.M.P.A. 1964-65 142
Officers of T.A.M.P.A. 1964-65 141
Officers of Association since Organization 197
Officers of T.A.M.P.A. since Organization 217
Registered Pharmacists, List of 171
Registered Assistant Pharmacists, List of 195

Report of:
- Executive Secretary, Nathan I. Gruz 62
- Legal Counsel, Joseph S. Kaufman 131
- Maryland Board of Pharmacy, F. S. Balassone, Secretary 13
- Medical Care, Walter E. Albrecht 128
- President's Address, William A. Cooley 59
- School of Pharmacy, Noel E. Foss, Dean 53
- Treasurer, Morris Lindenbaum 8

Sessions:
- First Session—Monday, June 29, 1964 6
- Second Session—Tuesday, June 30, 1964 45
- Third Session—Wednesday, July 1, 1964 86
- Fourth Session—Thursday, July 2, 1964 120

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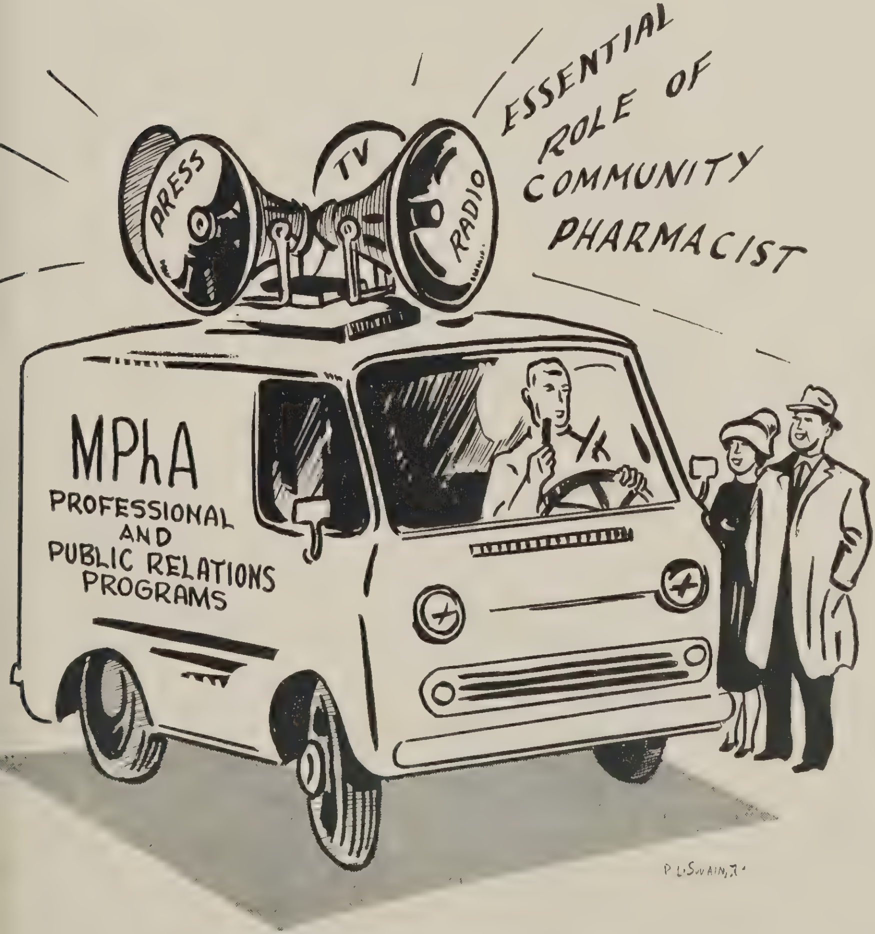
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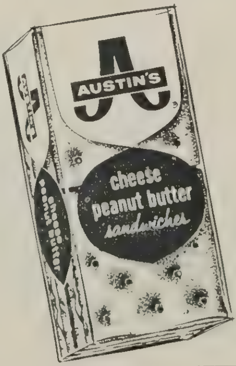
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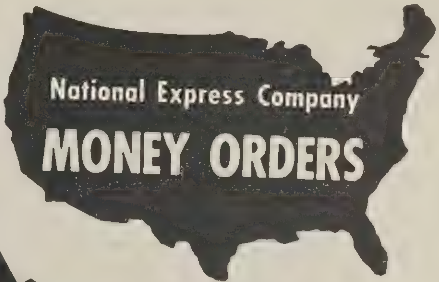
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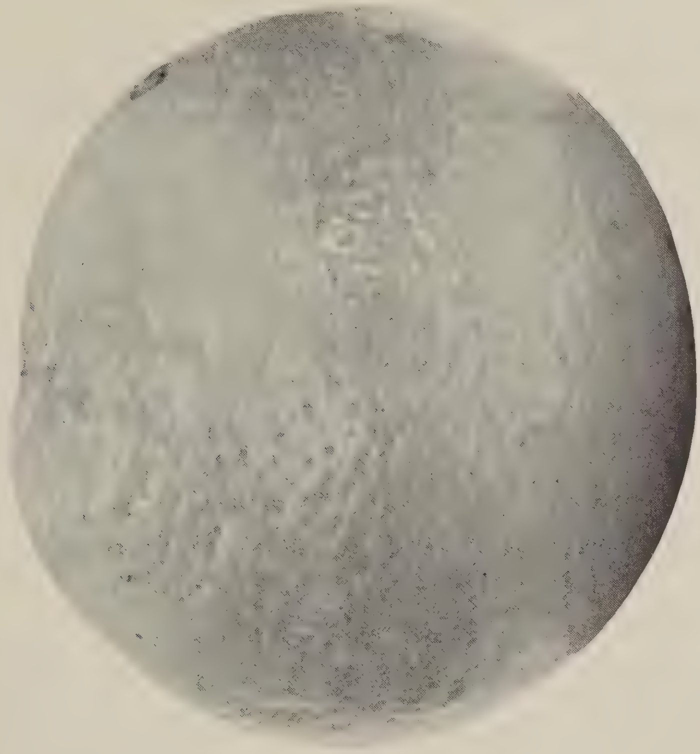

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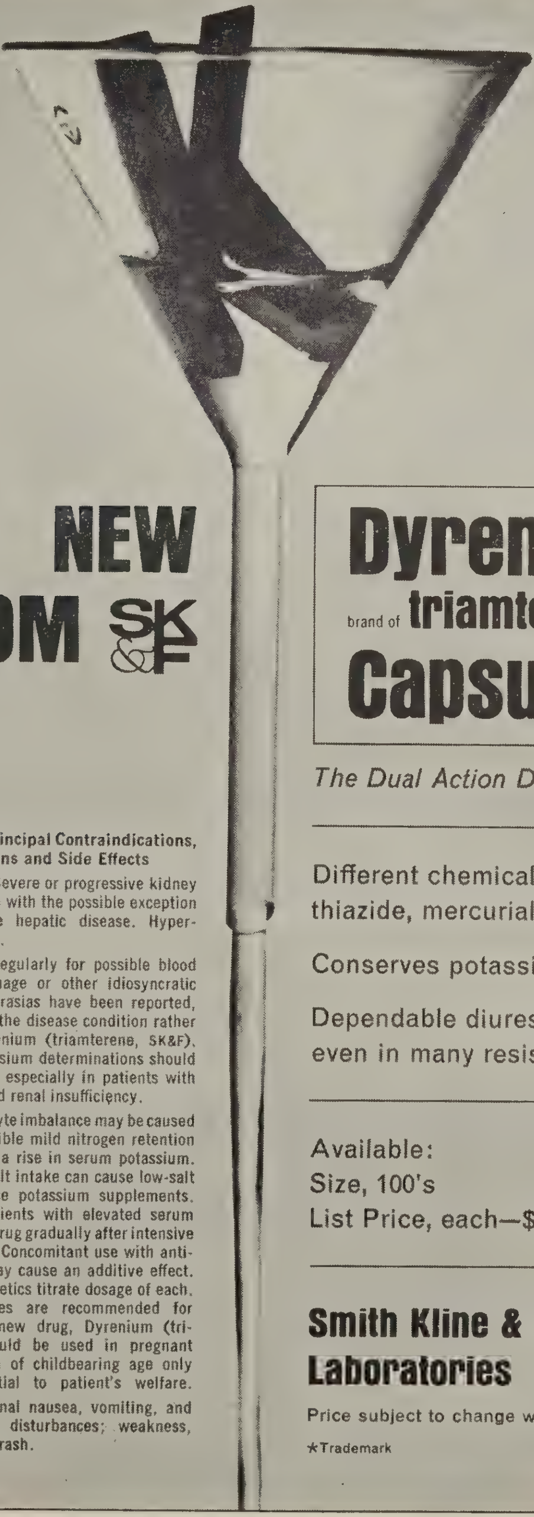

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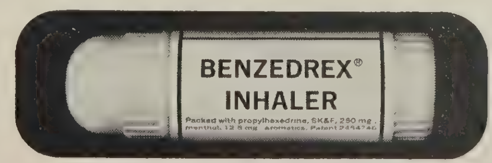

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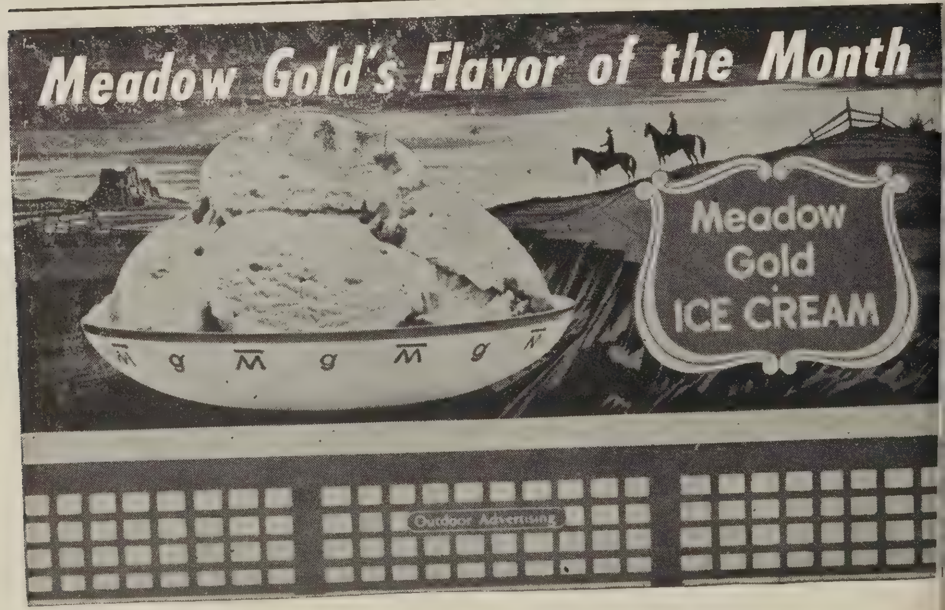
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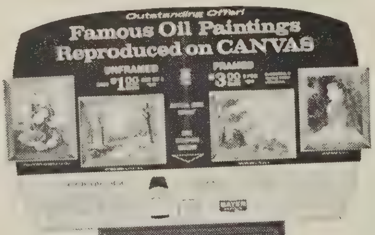
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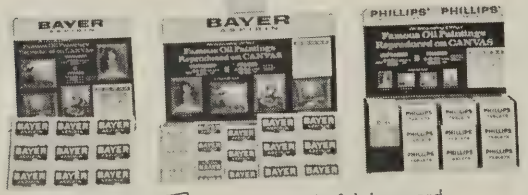
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- 1 large exciting banner
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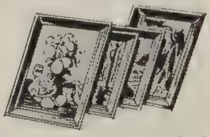

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5—3rd PRIZES—APACHE CAMPING TRAILERS
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10—5th PRIZES
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10—6th PRIZES
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Five horsepower engine that gives you up to 225 miles per gallon.

25—7th PRIZES
Spalding Golf Sets—Kro-Flite registered set of 4 woods, 8 irons, putter and bag.

25—8th PRIZES
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25—9th PRIZES
G.E. Portable TV Sets
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500—11th PRIZES
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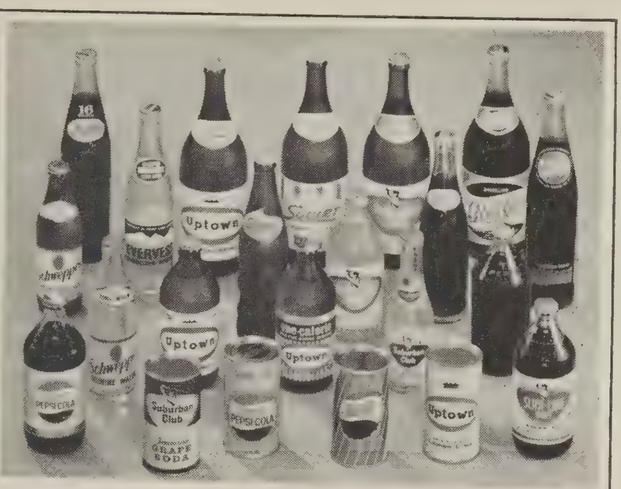

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for fever blisters and canker sores of herpetic origin

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for a

Merry Christmas

and

A Happy New Year

VOLUME XL - NO. 2

NOVEMBER 1964

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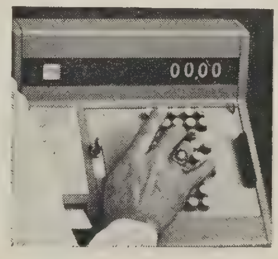

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There are taste tests and taste tests. But there has never been one like this.

Nearly 6000 children in every state from Maine to California participated. Vi-Daylin® was tested against six other leading chewable vitamins. All brand names were concealed. And an outside market research firm administered the tests and tabulated the results. Here's what happened:

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New Cherry Vi-Daylin Chewable Brand B	72% 25%	2.9 to 1
New Cherry Vi-Daylin Chewable Brand C	63% 34%	1.9 to 1
New Cherry Vi-Daylin Chewable Brand D	63% 34%	1.9 to 1
New Cherry Vi-Daylin Chewable Brand E	56% 41%	1.4 to 1
New Cherry Vi-Daylin Chewable Brand F	53% 44%	1.2 to 1

Same delicious cherry-flavored tablet available with fluoride. On your prescription only.

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Vi-Daylin—Vitamins A, D, B_1, B_2, B_6, B_{12}, C, and Nictotinamide
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL NOVEMBER 1964 No. 2

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HIGHLIGHTS IN THIS ISSUE

Page

Editorial:
Opposition Without Alternatives 232
President's Message 234
Secretary's Script 236
Contributions:
Clinical Evaluation of Drugs—Frances O. Kelsey 238
APhA's Reclassification of Drugs Program—Robert F. Steeves 246
T.A.M.P.A. Tattler 260
B.M.P.A. President's Message 262
M.P.A. Benefits and Applcaition Blank 263
News Items:
M.P.A. Fall Regional Meeting 264
Tri-County Pharmaceutical Association 266
Maryland Association of Hospital Pharmacists 268
Prince Georges - Montgomery County Pharmaceutical Association 268
National Pharmacy Week Proclamation 270
Improved Test Developed for Syphilis Screening 270
Drug Store Changes 272
New One-Shot Live Measles Vaccine 272
Marylanders at NARD Convention 274
Drug Inspectors of Maryland 276
Obituaries 278

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Editorial . . . . . .

"Opposition Without Alternatives"

As the year 1965 approaches, we must join in assessing the pharmaceutical situation and determine our immediate course of action.

There is an acceleration in Maryland of the opening of establishments whose primary purpose is not the furnishing of pharmaceutical services, but which request—and must at present be granted—permits to operate a pharmacy as part of a gigantic emporium or food market.

Is it in the public interest to intermingle the compounding and dispensing of prescriptions and potent medications without any separation from food, clothing and other merchandise? Who has access to these "pharmacies" and their dangerous drugs before and after store hours? Are their pharmacists free to exercise their professional judgment?

Is the proliferation of these "food and pharmacies" a development which will assure the general public COMMUNITY pharmacies that will provide service to the sick in their own neighborhoods?

What kind of professional ethics will permit a pharmacist to allow his license to be the means for degrading his profession? What are the ethics of those associated with "pharmacies" whose advertisements to the public and communications to physicians attempt to contrast their charges for professional services with those charged by neighboring community pharmacies who furnish complete service to the sick day and night, seven days a week?

Our communities need neighborhood pharmaceutical services. These services can only be provided and maintained by a flow of graduates from our colleges of pharmacy. How can we expect young people of quality to be attracted to a career in a health profession which is practiced more and more in an environment in which the professional services are completely subordinated to variety store merchandising? Isn't an environment for practicing pharmacy that is increasingly degrading to the profession, and the growing domination of corporate giants which is eliminating opportunities for the free, independent practice of pharmacy, factors in the declining appeal of pharmacy as a career?

Why is such a large percentage of pharmacy graduates of the upper 50 percentile academic standing pursuing careers other than community pharmacy?

Fortunately, there are many in the general public and there are many physicians who know that the communit pharmacists are indispensable. The are available not only for maintenanc medication, but for the sudden, unexpected prescriptions.

The Maryland Pharmaceutical Association, through its professional an public relations programs, stresses th essential role of the community pharmacist. By means of radio, televisio and newspapers the concern of th neighborhood pharmacist for the healt of the community is emphasized.

The health agencies know th through our work with health departments, the American Cancer Societ Maryland Diabetes Association, Mar land Tuberculosis Association ar others.

The representatives of the Marylan Pharmaceutical Association meet wi the representatives of the state medic society as the Pharmacy Liaison Su committee. The physicians have de onstrated their concern for the profe sion of pharmacy. They accord f professional recognition to pharmacis They have greater respect for the pr fession of pharmacy than many w have been granted the privilege of ca ing themselves "R.Ph."

As matters now stand, pharmacy in Maryland is handicapped by an antiquated, patchwork of pharmacy laws going back to 1902. The Association has been successful in the past few years in securing some long over-due legislation in the interest of public health and the proper practice of pharmacy.

Much more is needed today.

We need legislation to enable the Board of Pharmacy to effectively regulate the practice of pharmacy.

- We need to define the "practice of pharmacy" in modern terms.
- We need a definition of "a pharmacy" which will clearly differentiate a pharmacy from any other establishment.
- We need professional licensing of pharmacies to place the "pharmacy permit" under the control of those who are legally charged with the professional responsibilities — pharmacists.
- We need to place the distribution of all drugs under proper professional supervision to adequately protect the public health.

These are just a few of the legislative matters the public and professional interest demands.

Our rightful mission is to assure all people the highest standard of pharmaceutical services as an integral part of the complete medical care that the public requires and deserves.

Our duty is to advance step by step toward the realization of our mission.

Those within and without our ranks who are not committed to our mission as their primary function will bear the responsibilty of preventing us from securing our necessary and legitimate goals.

The late President John F. Kennedy left us an undelivered speech which he was to present in Dallas, Texas, on the day he was assassinated a year ago. In it, he referred to those voices **"expressing opposition without alternatives, finding fault but never favor, perceiving gloom without responsibility."**

We have such voices of "opposition without alternatives" in pharmacy, but if we are united we can achieve our on every side and seeking influence aspirations.

SMITH KLINE & FRENCH INC.

America's Foremost Service Wholesaler

Philadelphia

Serving Northern Maryland

Wilmington

Serving the Eastern Shore

President's Message . . . .

Dear Fellow Members:

The Maryland Pharmaceutical Association has just put on two outstanding events. In October, our Fall Regional Meeting at Peter Pan featured an informative discussion on "Is Reclassification of Drugs Necessary?"

We were fortunate in having the chance to hear the viewpoints of our two national pharmaceutical organizations presented by their representatives.

On November 12th, we held the Third Simon Solomon Pharmacy Economics Seminar at the Warren House. Those who attended heard outstanding experts bring us the latest knowledge in the practical side of operating our pharmacies. I am sure we took away many ideas that can be applied for greater efficiency and profits in community pharmacies.

It is the hope of your officers, committee chairmen and members of committees that more and more of you will attend and support the programs which are brought to you at great expense, time and effort. Taking a few hours out of one's routine a couple of times a year does not cost—it pays.

Our next important Association program is the Dr. Robert L. Swain Pharmacy Seminar to be held on March 11th. Plans are already on the way to bring you a fine educational program. Authorities on a number of pharmaceutica subjects will present a refresher course. The only way to keep up with advance in pharmacy and medicine is to devote some time to attending the Swai Pharmacy Seminar which is sponsored jointly by the Maryland Pharmaceutica Association and the University of Maryland School of Pharmacy.

A reminder to all — be sure to mail your check for dues. Those in th Baltimore Metropolitan area can pay their dues for the Baltimore Metropolita Pharmaceutical Association at the same time. You are urged to be a dues pai member of both your **local and state** pharmaceutical associations. There is n substitute for a strong, unified profession.

At this time of the year it is a pleasure to wish all members Season Greetings and a Happy New Year.

Sincerely,

SOLOMON WEINER
President

TOASTCHEE
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Look what I found!

I found that my customers really go for those tasty Lance snacks. And I found, too, that I make more money on them than any other brand. Must be because they sell so fast.

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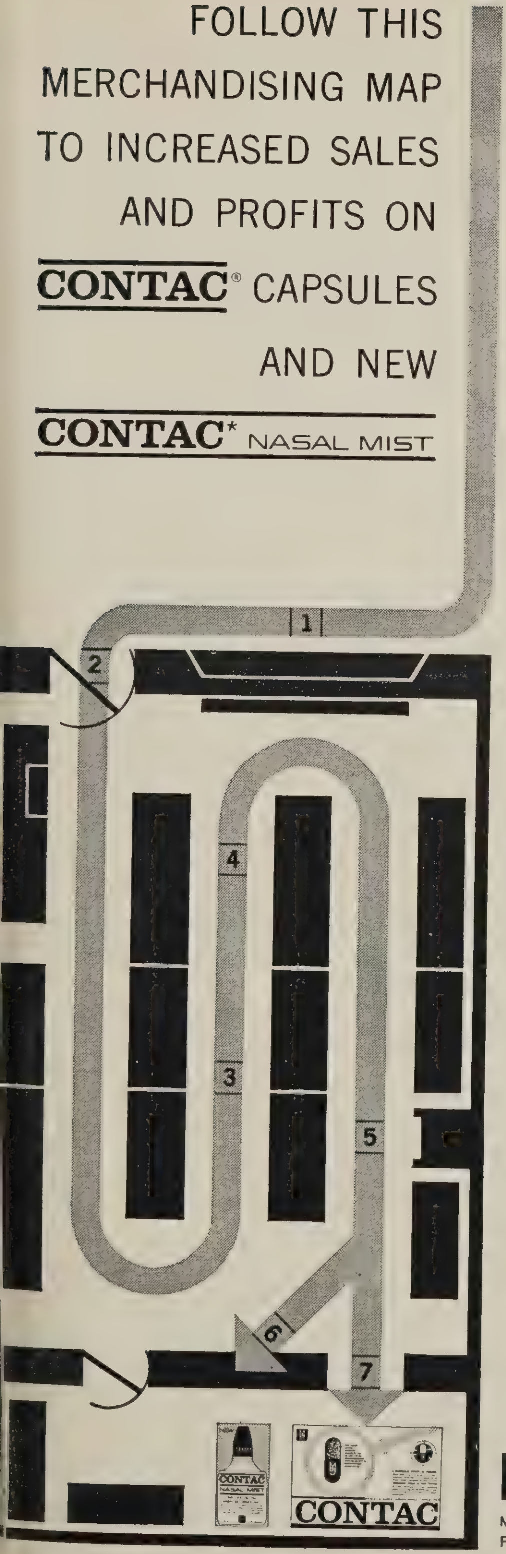

These 7 merchandising hints—proved successful in thousands of pharmacies—can help you bring even more of the "cold business" profits back to your pharmacy this fall and winter.

1 Maintain window displays of Contac capsules and Contac Nasal Mist, using promotional materials available from your MenJ or SK&F representative. (Or write MenJ Sales Promotion Department.)

2 Use a permanent Contac capsule decal on your front door throughout the cold season. (The reverse side helps you by reminding customers to "buy all your health needs at your pharmacy.")

3 Make sure you display several facings of Contac capsules in your cold products section.

4 Place at least a half-dozen packages of Contac Nasal Mist in your nasal spray section.

5 Use a Contac capsule window decal on telephone booth doors, too.

6 Display both Contac capsules and Contac Nasal Mist near your cash register on the wrapping counter, in the compact, sales-building display packers. (Or use the attractive counter unit included in the Contac capsule fall 2 Gross Deal.)

7 Make sure you have enough stock to last throughout the cold season, and keep most of it on display.

Stock, Display, Recommend—Contac
Pharmacy's Largest-selling,
Fastest-moving Cold Product

*Trademark

MENLEY & JAMES LABORATORIES, Philadelphia, Pa. 19101
Proprietary Pharmaceuticals made to Ethical Standards

Secretary's Script . . .

A Message from the Executive Secretary

The changing picture in pharmacy necessitates a review of our pharmacy laws. A Legislative Steering Committee made up of representatives of the Maryland Pharmaceutical Association, Maryland Board of Pharmacy, Division of Drug Control, the B.M.P.A. and other area representatives, have been meeting to develop legislative recommendations. The final proposals will be based upon what pharmacists are prepared to abide by, or conform to, within the public health interest.

We have met with representatives of the Maryland Heart Association to discuss the policies and practices of the Heart Association in the distribution of drugs. This group has been involved in providing penicillin directly or through pharmacies to persons of limited means who are on long-term therapy.

It is our aim to confine the distribution and dispensing of all prescription medication. through community pharmacies. We hope to develop a system satisfactory to patient, the Heart Association and pharmacists.

Be sure to lsiten to the Maryland Pharmaceutical Association radio program on Sunday evenings over WCAO in Baltimore. "Your Good Neighbor" is the title of the program which brings to the public the interest and contribution of the community pharmacist to the welfare of his neighbors.

The Quality Brands Associates are still supporting a National Quality Stabilization Bill as a necessity because of the many states and the District of Columbia that do not have Fair Trade Laws. The N.A.R.D. for the present is advocating strengthening existing Fair Trade laws in certain states.

The Maryland Pharmaceutical Association has arranged to have new "Health Education Center" stands available for members. These are revolving stands with wire racks to hold many pamphlets of various sizes. These racks are being manufactured especially fo our members at $15.00.

We have a number of pamphlets o hand on various health subjects. Thes pamphlets are free to all members, a long as the supply lasts, on a first com basis.

Any pharmacy owner who does n have some kind of rack for health in formation is missing out on an inexpen sive method of demonstrating to h patrons his close association with a efforts to improve the health of h community.

At last count 387 of our pharmacis were participating in the joint M.P.A Cancer Society public education ca paign. Are you? Call the Associati office if you would like a free count display and pamphlets every t months.

After a lapse of effort, because anti-trust ramifications, pharmacy again engaging in efforts to deve workable prescription pre-payment insurance plans. We are carefully f lowing developments and will ass them for possible application in Ma land.

Seasons Greetings and best wishes a Happy New Year that will see al us progress toward the realizatio our highest ideals for us and for mankind.

Nathan I. Gruz

Executive Secretary

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Geriatric Vitamin-Mineral Supplement
TABLETS

joins the Lederle family of O-T-C products

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Vitamin B_1 (as Thiamine Mononitrate)	1.3 mg.
Vitamin B_2 (Riboflavin)	1.8 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.5 mg.
Vitamin C (Ascorbic Acid)	75 mg.
Niacinamide	18 mg.
Calcium (from Calcium Carbonate)	230 mg.
Elemental Iron (as Ferrous Fumarate)	10 mg.
AEROSOL® OT Surfactant Dioctyl Sodium Sulfosuccinate NF	100 mg.

Bottles of 60 tablets.

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RECOMMENDATION ONLY

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Filibon® Capsules
Phosphorus-Free Prenatal Vitamin-Mineral Supplement

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Contributions . . . . . .

Clinical Evaluation of Drugs*

Frances O. Kelsey, Ph.D., M.D.**

The Pure Food and Drug law of 1906 contained no requirement that a drug manufacturer produce evidence of safety before marketing a product. This law merely permitted the government to halt the sale of a drug if it was proved to be dangerous or misbranded.

With the development of more potent drugs, the weakness of this law became more and more apparent as drugs were put in the market without adequate testing and caused severe and even fatal side effects before they could be removed. The need for revision of the law was finally tragically highlighted in 1937 when more than 100 persons died from the marketing of a solution of sulfanilamide in an inadequately tested solvent, diethylene glycol, which even by the most rudimentary toxicologic tests could have been shown to be highly toxic. This tragedy speeded up the passage of the 1938 Federal Food, Drug, and Cosmetic Act, and caused the addition to it of new drug controls.

1938 Law

Under the 1938 law, before a manufacturer could introduce a drug onto the market, it was necessary for him to have an effective New Drug Application. To obtain such an application he submitted to the Food and Drug Administration evidence to support the safety of the drug for the proposed clinical uses. The data submitted included a description of the chemical controls used to insure that the drug was pure and uniform, animal toxicity tests covering acute and chronic toxicity and various pharmacologic studies, and clinical trials.

Under the 1938 law, it was necessary only that these clinical trials demonstrate the safety of the drug. It was not necessary to prove efficacy, and many drugs appeared on the market despite the fact that there was no good evidence that they were effective. However, an ineffective drug could be considered unsafe if proposed for a life-threatening condition for which effective therapy was available.

Other Inadequacies

There were other inadequacies in th 1938 law. For example, while a dru was under investigation to see if i merited being introduced as a thera peutic agent, it could be distribute freely to investigators provided tha certain conditions were met. It wa necessary that the drug be labeled f investigational use only, and that th investigators sign a statement to sa that he had the facilities for testin the drug and that the tests would done under his supervision onl Furthermore, the sponsor of a drug w required to keep records of the distrib tion of the material. However, it w not necessary to notify the Food a Drug Administration that such a dr was under test or if any untoward e fects occurred during the testing peri that would necessitate discontinuati of the studies. Thus, a lot of importa information on drug safety was n available to the Food and Drug Adm istration or to other clinical investi tors throughout the country. Furth more, in some instances, distribution an investigational drug was so wi spread that promotion or commerci zation rather than true investigat appeared to be occurring.

Changes Brought

The 1962 Drug Amendments brou changes in the New Drug proced

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*Presented at the Annual Robert L. Swain Seminar, University of Maryland School of Pharmacy, March 12, 1964.

**Chief, Investigational Drug Branch, Division of New Drugs, Bureau of Medicine, Food and Drug Administration, Department of Health, Education, and Welfare.

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One of these was the provision that before a drug can be tried for the first time in human subjects it is necessary for the sponsor of that drug to file a "Notice of Claimed Investigational Exemption for a New Drug" (FD1571) with the Food and Drug Administration.

Such a "Notice" must include the data that leads the sponsor to believe that it would be safe to begin such trials. It should include data on chemical control of the substance and animal toxicity studies. The "Notice" must also describe the investigations that are to be undertaken and the training and experience of the investigators. The sponsor of such a "Notice" also agrees to notify the Food and Drug Administration if any adverse effects arise during the testing procedure and to notify all investigators of such adverse effects.

Data Required

The amount of data required to permit evaluation of the safety of the clinical investigations will depend on the nature of the proposed studies. It is customary to divide the clinical testing into three fairly distinct phases. Phases I and II being clinical pharmacology, and Phase III clinical trial.

The purpose of a Phase I study is to determine such factors as human toxicity and pharmacology and the preferred route of administration and the safe dosage range. It is to be expected that this preliminary phase of drug testing would be carried out by investigators thoroughly conversant with the action of drugs. Volunteer subjects are usually employed and a usual practice is to administer a small dose of the drug initially and then raise the dosage as information concerning the effect of the drug in human subjects is accumulated.

Phase II

Phase II studies cover the initial use of the drug for specific therapy or prophylaxis. Such studies should be conducted by clinicians familiar with the conditions to be treated, the drugs used in these conditions, and the methods for their evaluation.

Phases I and II may overlap. For example, drugs proposed for use in cancer are often quite toxic and there would be no justification for their preliminary pharmacologic trials in healthy volunteers.

Human Subjects

Before embarking on the preliminary trials in human subjects a certain amount of basic information relative to the safety and sometimes to the efficacy of the drug may be derived from animal experiments. For example, the LD_{50} should be determined in several of species of animals. Additionally, a repeated administration study should be done on at least two species of animals. In both acute and chronic toxicity experiments the animals should be observed closely for manifestations o toxicity. In addition, appropriate pharmacologic studies should be performe with the drug, and complete post mortem studies should be conducted o animals used in both acute and chroni toxicity studies.

Clinical Trial

The third phase is that of clinica trial. This involves the use of a dru on a wide variety of patients and i the hands of investigators of varyin degrees of competence. Before a widespread clinical trial is undertaken, however, more information should be avai able concerning the effects of long term administration of the drug t animals. Such studies are particular important in a case of drugs that ma be used over prolonged periods of tim for relatively benign conditions. Th are less important in drugs, used in acu life-threatening conditions for whi effective agents are not available.

The sponsor of the drug is requir to submit evidence that the scienti training and experience of the inves gators is appropriate for the phase the investigation that is to be unde

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taken. Investigators are required to fill in and submit to the sponsor either form FD1572 for clinical pharmacology or form FD 1573 for clinical trial. In these forms, the investigator describes his qualifications for testing this drug and outlines the plan of study. It is not expected that such a plan should be rigid or particularly detailed. It should include the number of patients that will be studied, their age range, the route or routes of administration, the dosage range and the duration of treatment. It should also indicate the type of laboratory and other studies that will be conducted during the course of investigation.

Two Year Records

The investigator is also required to agree to keep his records for two years following either discontinuation of testing of the drug or after the drug is admitted to the market and to make them available for inspection or copying, to immediately report to the sponsor any adverse reactions, and to obtain patient consent.

Prior to the passage of the 1962 Kefauver-Harris Amendments, no Federal or State Statutes required that a physician inform a patient that he was treating him with an experimental drug. The physician was guided in his use of such a drug largely by previous court decisions and by statements issued by the Judicial Council of the American Medical Association which states "in order to conform to the ethics of the American Medical Association, three requirements must be satisfied; (1) the voluntary consent of the person on whom the experiment is to be performed; (2) the danger of each experiment must be investigated by animal experimentation; (3) the experiment must be performed under proper medical protection and management."

Consent Unnecessary

The law makes it clear that it is not necessary to obtain consent of subjects or their representatives when this is not feasible or in the physician's professional judgment contrary to the best interest of the patient. Such exceptions to obtaining patient consent might include unconscious patients; a child in an emergency if the parents cannot be reached; mentally incompetent patients with no known representatives, or patients suffering from incurable disease when the doctor feels that the knowledge of such a disease would be deterimental to the welfare of the patient.

The law provides that a human being **must be informed if he is to take part** in an experiment involving an investigational drug even though he may serve only as a control in such a study. Such a control could receive either an inactive placebo or a drug of established activity. The law does not require that the subject be informed as to which preparation he receives and thus it would not be necessary for the subject or the physician to have prior knowledge of which agent will be administered. This permits the use of "blind" or "double-blind" studies for the controlled evaluation of drugs.

Safety of Drugs

While the question of the safety o drugs in pregnancy has received grea attention recently, this aspect was o concern to the Food and Drug Administration even prior to the thalidomid episode. Particular attention was pai to drugs that might be taken by th **mother during late pregnancy or give** to the child shortly after birth. It i well known that many enzyme system are not properly developed in the infan and therefore the baby may be mor susceptible to certain drugs than th adult. It was also recognized that number of drugs did have a teratogenic effect. Such drugs included certain steroids with masculinizing effec on the female fetus and certain ant neoplastic drugs such as the folic ac antagonists.

The thalidomide episode has i evitably raised the question as to whet er other drugs might exert simil effects and how such an activity c

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best be detected both experimentally and clinically. The current FDA requirements are that screening tests be done before a drug is used in women of the childbearing age. As a minimal requirement, we have recommended a litter test in rats which consists essentially of feeding subtoxic doses to male and female rats for a preliminary period of 6 weeks and then through two pregnancies. It is felt that this test will detect drugs which affect spermatogenesis, fertilization or implantation, cause teratogenic effects or otherwise adveresly effect the rat fetus or the welfare of the newborn.

Question of Weight

The question as to what weight should be put on positive teratogenic effects in animals is admittedly difficult. However, if ill effects are seen, certainly such factors as absorption and blood levels of the drug and its metabolic patterns in various species should be more closely examined. Furthermore, if a drug showing teratogenic effects in one or more species of animal is used during human pregnancy, very close records should be made of the time of administration of the drug.

All too often reports dealing with drugs taken during pregnancy are poorly documented in this respect. It is, for example, necessary to have more accurate information than simply that the drug was taken during the first trimester since it is apparently well-established that the ill effects from thalidomide occur only between the 27th and 40th day of pregnancy. Furthermore, since not all congenital defects are recognized at birth, adequate follow-up studies of the baby are necessary.

Animal Findings

Finally, negative animal findings do not permit the assumption that the drug is safe for use in pregnant women. Once again careful clinical studies should be done to attempt to establish this point and pending the outcome of such studies, the indiscriminate use of the drug during pregnancy should be avoided.

The Investigational Drug Regulations apply only to new drugs that do no have an effective new drug application It is not necessary to submit an IN for clinical investigation of a new dru with an effective new drug applicatio provided that the drug is used in th form, and for the indications, for whic the application was made effective.

Laboratory Studies

New drugs used for laboratory studie or animal tests only are exempted fro the new drug provisions of the Act pr vided they are labeled "not for huma use." The exemption, however, does n apply for a new drug *in vitro* use in t regular course of diagnosing or treati disease. Before such preparations c be marketed, a new drug applicati for the article must be approved. Fal claims for effectiveness might well d prive the patient of the correct trea ment due to an incorrect diagnos For that reason, it is necessary to su mit adequate proof of the effectiven of these preparations before they c be marketed. It is not necessary, ho ever, to file an IND for such substan while they are being evaluated for th usefulness. The *in vitro* testing provi no hazards when used and compa with excepted methods.

Even the most comprehensive of cli cal trials of a new drug cannot expected to uncover all the toxic pot tials of a new drug. It is, theref necessary that following the introd tion of a new drug on the market th should be an effective way of surv lance of untoward effects. In this reg the 1962 Kefauver-Harris Amendm of the Food and Drug law require t when an application for a new d has been approved, the applicant m maintain information covering cli and animal experience conducted b reported to him together with any ports in the scientific or medical lit ture relating to the drug. Adverse

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actions must be reported to the Food and Drug Administration in intervals of three months at the date of approval during the first year and at intervals of 6 months during the second year and at yearly intervals thereafter. Reports on any unexpected side effect, injury, toxicity or sensitivity reaction encountered must be submitted immediately to the Food and Drug Administration. The Food and Drug Administration, in turn, also continuously monitors the literature for reports of drug toxicity and maintans an adverse reaction reporting program with over 450 cooperating reporting sources.

Collection of Information

Some mention should be made of the facilities for the collection of information on drugs now in operation at the Food and Drug Administration. A basic system for the handling of drug data through the use of electro mechanical data processing equipment has been developed. This is known as Project Rapid, "Retrieval of Automatically Processed Information on Drugs." The objectives of Project Rapid are to establish a basic system for storing and disseminating information concerning investigational new drugs, their chemical structure, their manufacturers, their dosage forms, their generic and trade names, their pharmacology, toxicology, and methods of use. The purpose of this is to establish a system that will permit this information to be interrelated and quickly distributed to Food and Drug Medical Officers and scientists who review and evaluate investigational drug and new drug applications. When a new "Notice" is received, the information contained in it is abstracted and coded and a search is made for similar or related compounds. When the reviewing chemist, pharmacologist and medical officer receive their copy of the "Notice" it contains a list of these similar compounds for ready reference. Additional information is abstracted as it is received and added to the data processing cards.

In conclusion, we believe that the 1962 Kefauver-Harris Amendments to the Food, Drug, and Cosmetic Act and the 1963 Investigational Drug Regulations do provide additional safeguards to the physician and to the patient during the clinical trial of new drugs. Additionally, we believe that continuing efforts should be directed toward providing more effective ways of reporting and recording adverse reactions. This would permit a more prompt and better evaluation of the seriousness of such reactions so that it can be better determined whether or not the drug should be removed from the market or whether adequate safeguards can be instituted by fully-informed physicians.

APhA's Reclassification of Drugs Program

Address by Robert F. Steeves
Director, Legal Division
American Pharmaceutical Association

Fall Regional Meeting
Maryland Pharmacetical Association
Peter Pan Inn, Urbana, Maryland
October 22, 1964

The topic which we are devoting this afternoon's discussion to might well be titled, "The Pharmacist in Modern Society" or "The Profession's Role in a New Era" or, well, I am certain that any number of titles woul be appropriate. The emphasis is on th prospective effect of the APhA re classification proposal—the prospec tive effect on the profession of phar macy and on the health, safety, an welfare of the public.

We pharmacists are grappling wit issues and decisions which could ha profound effects on our social an economic order. Some of the decisio and issues are difficult, some are co troversial, few are clear, but each pha macist should consider all the vie advanced and then decide for himse where he personally stands.

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A discussion of the classifications of drugs under the Federal Food, Drug, and Cosmetic Act must begin with the Durham-Humphrey Amendment. Around 1950, pharmacists were concerned and confused over the telephone and renewal procedures for prescriptions. The government stated that all prescriptions had to be written which obviously precluded oral instructions from physicians. The government further contended that a prescription order was like a check—once the medication had been dispensed, the prescription was cancelled and became an informational document only. This led to the view that a physician could not even telephone renewal authorization to the pharmacist.

A further complication was that the pharmacist could not even refill a prescription order for a non-prescription drug. Now, pharmacists had been and continued to do all of these things in order to provide prompt and efficient pharmaceutical service, even after the government made its positions known. The initial efforts of pharmacy and others were directed to clarifying these particular problems. Clarification was accomplished, in part, by the law which resulted—the Durham-Humphrey Amendment.

Another problem which was of major proportions at that same time was the labeling of drugs to indicate whether a prescription order was needed or whether adequate directions for use could be written. Manufacturers decided for themselves whether a given drug would be prescription only or unrestricted. The testimony presented in the hearings on the Durham-Humphrey legislation document several examples where some manufacturers abused their authority to the detriment of all.

The Durham-Humphrey Amendment established a standard for prescription-legend drugs, and all drugs which did not fall within that standard had to bear adequate directions for use. This law also provided that the label of the prescription drug had to bear the statement "Caution: Federal law prohibits dispensing without prescription" which permits pharmacists to determine whether or not a prescription is required by merely looking at the label.

At the present time, then, we have two classes of drugs: those which may only be dispensed upon a prescription order of a medical practitioner and all other drugs. We have two degrees of control and supervision over drugs: We have the strict control of prescription only or the virtual absence of control over all other drugs.

As you know, retired Congressman Carl T. Durham is serving as APhA's legislative consultant for the reclassification of drugs program. As a pharmacist, as co-author of the Durham-Humphrey Amendment, and as a man with a distinguished record of Congressional service, Carl Durham has been an invaluable asset to the profession and to the APhA program. In speaking of the measure he fathered at the APhA Annual Meeting a few months ago, Mr. Durham stated that he could now see that the Durham-Humphrey Amendment didn't go far enough.

There have been many changes in pharmaceutical service, distribution techniques, promotional campaigns drug usage patterns, and a host o other factors since the legislative hearings on the Durham-Humphrey bill.

One factor which is quite significan here is the rapid change to mass merchandising and self-service which w have experienced since 1950. Befor these modern merchandising concept caught on with supermarkets, pharmacies, and other outlets, persona service was the rule and most dru products were distributed under th supervision of a pharmacist. Supermarkets and other non-pharmacy stor were not significant outlets for the wid variety of drugs which we find ever where today.

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Furthermore, there was a fairly definite dichotomy in drug manufacturers fifteen years ago. Prescription drug manufacturers distributed prescription-legend drugs and "ethicals" or OTC's, and proprietary manufacturers distributed those drugs and household items widely promoted to the public. There was little overlapping. The corporate structures have all but obliterated any such distinction today. One corporate complex may have one subsidiary whose name appears on the prescription-legend drugs, another subsidiary whose name appears on the OTC labels, and a third subsidiary whose name appears on the proprietaries.

In the current situation, we find that manufacturers have been found in many cases, to permit drugs to be sold in unsupervised outlets because such outlets could legally carry the items. Some products were finding their way into non-pharmacy outlets through diversion and clandestine arrangements. Mass merchandising and self-service and, by comparison, gigantic merchandising establishments in the food, drug, and even soft-goods lines have become a way of life for most Americans. OTC's, which once had the benefit of supervised distribution, now find their way to the public without the necessary safeguard of professional counsel.

The intention of the manufacturers was to keep certain products exclusively in pharmacies so that purchasers could have the benefit of the professional services of a pharmacist; but this intention, if it still exists, is no longer adequate to protect the public. Reliance on the manufacturer's distribution pattern to protect the public safety is an anachronism. Such controlled distribution has utterly collapsed, yet, there is even more reason to require such professional guidance and supervision in the use of many contemporary self-medication products. The products for self-medication are more potent and have a greater capacity for harm and misuse than preparations for self-medication of several years ago. Some states have attempted to make-up for this inadequacy in the federal law through state legislation which, in the main, has been wholly inadequate or unsuccessful And, the manufacturers keep intimating legal action against such state legislation as an unreasonable burden upon interstate commerce. We mus recognize that such state legislation ha not always been easy to comply witl by either the manufacturer or the phar macist.

A second factor is the tremendou changes in drug therapy. The Phar maceutical Manufacturers Associatio reports that 7 out of 10 prescriptio orders written today are for drugs whic were not even available in 1950—th period when drug classes were consid ered. Drug therapy is more sophist cated and the medicaments were mo potent and specific. Some of the drug currently available for self-medicatio are also more potent and refined. W find drugs widely promoted for sel medication which, in greater strengtl and dosages, may only be dispensed the order of a medical practition And drugs, freely available for sel medication for years, are suddenly b ing considered for prescription-on status, criticized for effectiveness, considered for withdrawal from di tribution altogether.

A concomitant development, and t third major factor, is the specializati in medical practice which may res in one patient receiving care and me cation from more than one source. Co patibilities and contraindications of t various medications prescribed for given patient as well as the effect dr available for self-medication may h on the entire therapy regimen assu new importance. This area of couns ing the patient and the medical pra tioners is destined to become incre ingly important in the practice of profession of pharmacy.

Has pharmacy taken cognizance these developments and, if so, w will the profession do about them?

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first question must be answered with an emphatic yes. The second must be answered with a reference to the APhA reclassification of drugs proposal. Instead of the present two classifications of drugs, four categories would be established by inserting two new classifications into the Federal law. As the first class, there would be drugs which could only be dispensed upon the order of a medical practitioner and would only be renewable as the prescriber directed. This is what we now have as the prescription-legend category.

The second category is new and an attempt to restore some of the renewal privileges which pharmacists exercised routinely prior to the Durham-Humphrey Amendment. Some of you will recall that pharmacists exercised their discretion in renewing prescription orders unless the prescriber had it marked "N.R." or some similar notation. One of the basic objections APhA raised in the Durham-Humphrey hearings was that the clarification of the refill controversy actually stripped the pharmacists of their professional prerogatives on renewals.

Practicing pharmacists have repeatedly noted that medical practitioners frequently do not give directions for renewals. Thus, the pharmacist may have to locate the physician to obtain authorization, take authorization from the practitioner's "office," or develop general guidelines which have questionable legal status with the medical practitioners in his community. This second classification could assist both the pharmacist and the physician in serving the needs of patients.

The third category would be those drugs distributed personally by a pharmacist. This class would give pharmacists the opportunity (and in some cases, force pharmacists to assume the responsibility) of providing professional counseling on drug use.

Since APhA first suggested this third category in its reclassification proposal, the objection has been raised that utilization of a pharmacist in this professional capacity is not economically feasible. Some people would have you believe that it is economically better for the profession to have the pharmacist spend five minutes of his time selling trinkets than to spend the time assisting a patient in the purchase of a drug for self-medication. There are others who tell pharmacists, at state and national meetings, that they would like to help pharmacists sell more self-medication products via self-service but at the same time actively promote their products through every possible public channel you can think of. The economic strength of our profession is in the professional services the pharmacist personally performs.

Under this third category, the pharmacist would assure himself that the patron would utilize the medication correctly and properly understands its intended purposes. Our primary service would not be in reading the required warnings and directions to the patient though even this aspect could be significant.

In assuring the proper use of th medication, the pharmacist could sug- gest, in appropriate cases, that a medi- cal practitioner be consulted. And, th required warnings cannot possibly cove the likelihood that a person may b taking several medications at one tim such as when one treats the commo cold with a nasal spray, cough syru and cold tablets or capsules. Nor ca printed labels anticipate what pre scribed medication a patient may taking.

The fourth category of drugs wou be those which possessed little risk abuse, little risk of interference wi other medications, or deemed to be familiar to the public that profession supervision was not necessary.

These four categories of drugs prese a blueprint for providing the pro degree of professional supervision o modern therapeutic agents for hum use. Today, the choice has to be ma between the strict control of prescription-only or no control. The APhA reclassification proposal would provide for three degrees of professional control—one of which would be most suitable for a given medication.

The American Pharmaceutical Association is currently reviewing some 2500 replies from pharmacists suggesting specific drugs for each of the classes proposed. We are also reviewing the comments and questions many pharmacists submitted. In the very near future, we will have examples of drugs which pharmacists suggest for each of the categories.

In any reclassification plan, the final authority for specifying the category for a particular drug will rest with the government—The Secretary of Health, Education, and Welfare. To be sure, a proper procedure will have to be established so that interested parties may have an opportunity to present their views on a given drug, but this phase should not be difficult. On several occasions, the American Pharmaceutical Association has presented technical data and professional opinion to the Food and Drug Administration on drugs which were being considered for a hange from prescription-legend status o OTC status.

Basically, a given chemotherapeutic gent would first be assigned to the first ategory and gradually moved down- ard to less stringent professional con- ol as justified by experience and clini- al data. A drug could also move up if arranted by these same factors. The ntire process would parallel the pro- edure utilized today when drugs are ken from prescription-legend status OTC or, as in the case of some drugs, om OTC status to prescription only cept that there would be four choices ther than the present two. Pharma- sts, physicians, industry representa- es, and others, would have the same pportunity to participate in the classi- ation decision as is given by the esent law.

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Liability! What additional liabilities are we, as pharmacists, assuming? In my personal judgment, the pharmacist will have more responsibility but will not increase his liability. The liability will be no greater under the classifications as proposed by APhA than it is presently, but pharmacists will have greater exposure to potential liability. Let me explain. When a pharmacist exercises his judgment in advising the patron on the proper use of a drug for self-medication or in renewing a prescription-order which a physician has marked with a "prn", he must use due care. That is, he must not be negligent. Under the reclassification proposal, the pharmacist would be faced with many more opportunities to exercise his professional judgment and discretion, but the risk would be no greater with each decision. This additional exposure is an insurable risk which can be taken care of reasonably by malpractice insurance.

Harold L. Marquis, Professor of Science and Law, Temple University has discussed the question of the pharmacist's liability under reclassification in a paper which was first presented to the Pennsylvania Pharmaceutical Association meeting this summer and later widely republished. He concluded that he didn't believe that the reclassification plans would increase the pharmacist's liability very much and didn't believe the liability question should be given much weight in deciding whether or not to support the proposal. Michael F. Markel, the noted food and drug attorney APhA has retained to assist with the technical aspects of the program, has advised us that the liability question is insignificant.

There is general agreement among the profession of pharmacy and its specialty organizations that reclassification is needed and is in the public interest. However, there is some concern over how and where it is accomplished. APhA chose an amendment to the federal law because the need for better professional supervision of medication is universal in the United States and not confined to a state or group of states, the pattern was established by the Durham-Humphrey Amendment, and a federal amendment would cause a minimal disruption to the current procedure for drug testing, labeling, examination, and other factors.

What we have in mind is a series of three "legends" which would be assigned to each category and which would be printed directly on the label. Just as the current prescription-legend guides the pharmacist in the control on certain drugs, the appropriate legend on the label in all other categories would guide the pharmacist under the reclassification proposal. The Federal law deals with the safety, efficacy, quality, and purity of drugs in interstate commerce. It leaves the control of the professions of pharmacy and medicine to the state professional boards. None of this would be changed under the reclassification procedure from what we now have under the Durham-Humphrey Amendment.

The response we have received from the state and local professional societies, individual pharmacists, the National Conference of State Pharmaceutical Association Secretaries, and others, endorsing the APhA program assures us that we are following a proper course. Legislation has been attempted for several years in state after state, and opponents have concentrated their attack on each effort. The state legislativ effort has been wholly unsuccessful i nearly every case.

Some pharmacists have asked that w draw a definite line between "counter prescribing" and professional counseling on drug selection and use. Yo can be certain that the American Pharmaceutical Association will, at the appropriate time, discuss this area of th proposal with the American Medic Association. The medical profession h long recognized the right of self-med cation—the patient diagnoses his ai ment and prescribes for himself.

SEASONS GREETINGS

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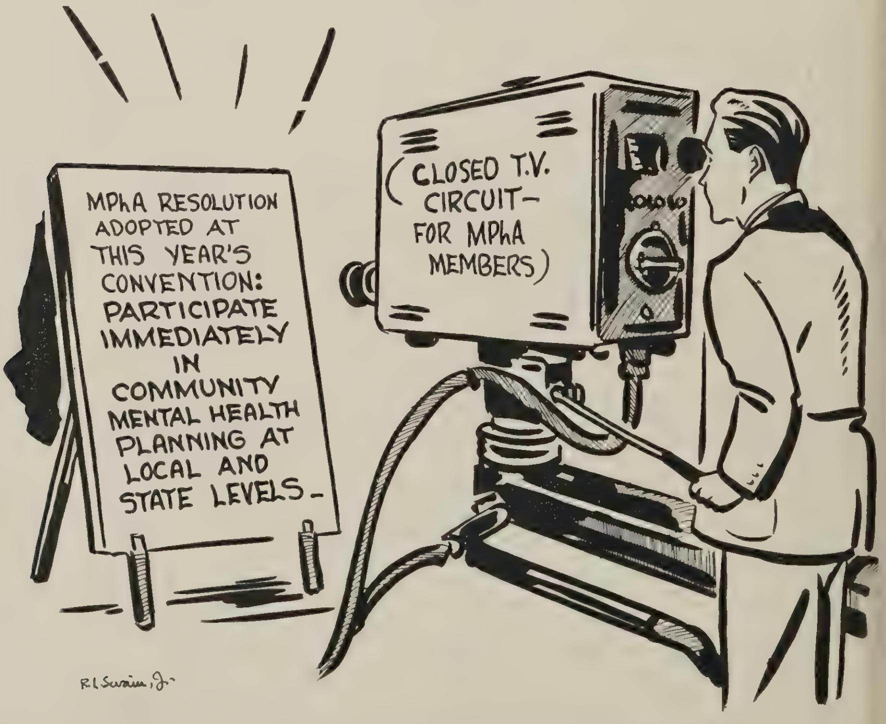
pharmacists, we must not overlook the place that self-medication occupies in our society and health care.

The pharmacist will, however, assure himself that the patient has not overlooked warning signals of serious disease and is only resorting to self-medication for relief of a minor ailment. Pharmacists today routinely recommend given medicaments on the request of the patient. What's good for this head cold, this cough, athlete's foot, and others are quite common questions and we respond to them. Pharmacists are not diagnosticians and should never attempt to diagnose any condition. Pharmacists can and should assist in the selection of the proper medication once the diagnosis has been made either by the patient or the physician.

In this presentation, I have not covered all of the questions nor given all of the answers. Your national professional society is working diligently to consider every aspect of the proposal. We welcome your comments, questions, suggestions, and advice. APhA encourages full and frank discussion of each part of the proposal.

Pharmacists have an opportunity to be of great public service and each pharmacist must choose for himself whether he wishes to seek the opportunity to let it go by default or indecision. We have accepted the privileges of our professional license, and we must not forget nor neglect the responsibilities we are to carry in the public interest. We may have to change many details of our present practices to accomplish our objective, but can any pharmacist expect pharmacy to remain static while all of the outside world is changing.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Volume 23 NOVEMBER 1964 No. 1

TAMPA Meeting

On Saturday, October 10th at Brentwood Inn in Dundalk, a large crowd congregated to attend the TAMPA meeting. This was a colorful affair. This was our "World Series" Baseball Luncheon meeting. A color TV was provided for the members, so that they could watch the ball game between the St. Louis Cardinals and the New York Yankees.

After lunch, a short meeting was held. All Committee Chairmen made their reports. A vote of thanks was given to John Crozier for his work in making and sending the new TAMPA Membership Roster that all TAMPA members received. This is the latest complete roster of all TAMPA members.

Details of the forthcoming President's Ball - Ladies Night at the Holiday Inn at Reisterstown Road and Beltway were discussed and all members were invited to attend with their friends.

———

The many friends of Robert (Bob) Tobais, (Whitman Candy) will be sorry to learn that Bob has been transferred to Atlanta, Ga., as the new Souther Divisional Manager. Bob was a grea hit in the TAMPA convention show an he will be missed by all. He will b replaced by Joe Grubb from New Yor City. We wish Bob good luck and a our best wishes go with him.

———

Ann Crane, corresponding secreta of LAMPA and wife of Dick Crane, pa President of TAMPA participated in t Maryland State Fair held at Timoniu and won 6 ribbons for her sewing e tries.

———

Leo (Doc) Kallejian (Chairman Attendance Committee) is an avid c collector. He dazzled the TAMPA me bers by showing a $20 gold coin he j added to his collection. Worth ma times the $20 it represented, accordi to Doc Kallejian.

———

Congratulations are in order to new President, Al Callahan who rece ly married the former Ruth Eser. congratulations to the happy coupl

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

It was very gratifying to preside at the meeting of the Baltimore Metropolitan Pharmaceutical Association on Thursday, October 29th at the Kelly Building. A standing-room only audience was in attendance.

There were two main program features, each of which were of vital concer to our members. First, Mrs. Anne O. Doherty of the Audit Division, Interna Revenue Service, spoke on the questionnaire recently mailed to many pharmac owners in connection with the filing of Federal Excise Tax returns.

Mrs. Doherty, a veteran of the Internal Revenue Service, reviewed th details of providing the requested information. She indicated time and effor saving alternate methods to comply with the new questionnaire. If you have an questions regarding your return, contact the Association office. Remember, eve though the excise taxes on cosmetics, jewelry, luggage, etc., may be remove by July 1965, you still have to file your returns for the covered period in th manner required.

The second part of the double-feature program was entitled "Know You Pharmacy Medical Care Regulations." On hand to answer questions were: D J. Wilfred Davis, in charge of Medical Care for Baltimore City; Dr. Hen Holljes, his assistant, and Victor H. Morgenroth, staff pharmacist and memb of the Pharmacy Advisory Committee. Gordon A. Mouat, also a staff pharmaci served as moderator. After introductory remarks regarding regulations as what price pharmacists may use in billing for Medical Care prescriptions, lively question and answer period followed. Dr. Walter Albrecht, pharmacist the State Council on Medical Care, was also present.

It was indicated that a request for increased fees would again be present to the Governor as fought for by the pharmacy representatives on the Stat Pharmacy Advisory Committee. As a result of this meeting, I believe there better understanding between all involved.

At this time I wish to offer my best wishes for a Happy Holiday Sea to all.

Sincerely,
IRVING I. COHEN
President

Do **Your** Part to see that:

Every Pharmacist and Those Allied are
members of the Maryland Pharmaceutical Association.

Tear out this page and give it to a non-member.

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NEWS ITEMS . . . . . .

Maryland Pharmaceutical Association Fall Regional Meeting

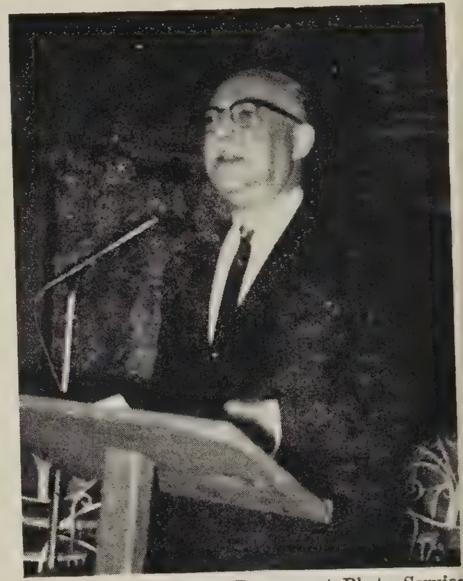
"Proposals for Reclassification of Drugs" was the subject of a panel discussion at the Fall Regional Meeting of the Maryland Pharmaceutical Association on October 22nd at the Peter Pan Inn, Urbana, near Frederick. Second Vice President Morris R. Yaffe of Rockville served as moderator.

Courtesy Paramount Photo Service

ROBERT F. STEEVES

Featured speakers were Robert F. Steeves, Director of the Legal Division, American Pharmaceutical Association, and Joseph Cohen, Director of Professional Services, National Association of Retail Druggists.

Mr. Steeves presented proposals adopted by the American Pharmaceutical Association calling for four classes of drugs: (1) available on prescription only and refillable only on prescriber's authorization; (2) available on Rx only, but refillable at the discretion of the pharmacist: (3) available by purchase only from a pharmacist; (4) available for purchase without professional supervision.



Courtesy Paramount Photo Service

JOSEPH COHEN

N.A.R.D. Position

The N.A.R.D. position, presented b Mr. Cohen, called for further study o reclassification proposals, particularl for a class of over-the-counter drugs t be available only in pharmacies and sol under direct supervision of a pharmacist.

A business meeting was held followin lunch. Amendments to the constitutio were presented for a first reading an will be forwarded to the membershi Secretary Nathan I. Gruz announce that the Executive Committee of t Maryland Pharmaceutical Associati has authorized joint billing of du

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for the state and any local pharmaceutical Association desiring this type of arrangement. The Baltimore Metropolitan Pharmaceutical Association has agreed to a joint billing of dues for 1965.

L.A.M.P.A. Meeting

L.A.M.P.A., the Ladies Auxiliary, met with Mrs. Norman J. Levin of Pikesville, President, presiding. An informative program, "Easy Do Parties", was presented.

A social hour was held followed by dinner, when the Squibb Past President's Plaque was presented to William A. Cooley of Cumberland. Solomon Weiner of Baltimore, President of the Maryland Pharmaceutical Association, presided.

Mr. Richard Mace, Squibb Regional Manager presents Past President's Plaque to William A. Cooley.

Some of the *IMMEDIATE* BENEFITS from Membership in your State Professional Society — THE MARYLAND PHARMACEUTICAL ASSOCIATION

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2. PENSION SERVICE to provide retirement plans at special group rates.
3. USEFUL SERVICES of the office of the Executive Secretary to provide vital information and assistance, including employment placement.

Tri-County Pharmaceutical Association

The Tri-County Pharmaceutical Association meeting on Tuesday, October 14th, in Dorsey Hall of the Washington County Hospital, Hagerstown, was devoted to "What Pharmacists" Would Like to Ask Doctors and What Doctors Would Like to Ask Pharmacists."

A record turnout of pharmacists attended, along with many physicians. John B. Batdorf, president of the Association, presented Robert Shestack, Program Chairman, who presided and served as moderator of the panel.

A panel of physicians participated, consisting of Doctors Edward Ditto, Jr., Robert Campbell, H. R. Tritch, Jr., Howard Weeks and Richard Young.

Many questions relating to every aspect of prescription writing, regarding dosage, pricing, request orders, telephone calls, type of medication, narcotic drugs, and others, which many times puzzle the pharmacist and doctor, were answered, and matters of a mutual nature for both pharmacist and physician were clearly discussed, analyzed, weighed and studied to the mutual satisfaction of all concerned. The discussion showed the valuable contribution that a pharmacist performs in relation to the health of the community, and as a help to the doctor in his daily practice.

Mr. Shestack in his closing remarks stated that in teaching of pharmacology in Schools of Nursing, he stresse to the nurses the important duty of pharmacist, the responsibility the physician has in his writing of his prescriptions and how drugs are a very important function in the life of a nurse

There were many outside guests from many surrounding towns and communities and as far distant as Baltimore who were very much impressed wit the mutual understanding which exis and existed in the community betwee pharmacist and doctor. There is perfe

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cooperation for the welfare of the entire community.

The meeting was followed by a reception in the physicians' library and discussions were even carried on after the meeting adjourned. As it was so well received, it broke up nearly 2:00 o'clock in the morning.

—Submitted by Arnold Blaustein,
Secretary

Maryland Association of Hospital Pharmacists

The Maryland Association of Hospital Pharmacists met on Thursday, October 8, 1964 at Hurd Hall, The Johns Hopkins Hospital.

The guest speaker was Dr. Robert E. Abrams, Professor of Pharmacy Administration and Director of the Department of Pharmacy Administration of the Philadelphia College of Pharmacy and Science and Executive Secretary of the American College of Apothecaries. His topic was "The Professional Fee Concept."

Prince Georges-Montgomery County Pharmaceutical Association

The Tenth Annual Dinner Dance of the Prince Georges-Montgomery County Pharmaceutical Association was held Tuesday, October 13, 1964 at the Washington Motel and Country Club, Gaithersburg.

The social hour with cocktails began at 7:00 P.M., followed by dinner.

A feature was the awarding of golf prizes by the tournament chairman, Herman Taetle.

President Gerald Y. Dechter presided. Arrangements had been made by Richard D. Parker, who was absent due to the passing of his father, past president James A. I. Parker.

Dean Chauncey I. Cooper of Howard University and Dean Noel E. Foss of the University of Maryland School of Pharmacy acknowledged the receipt of scholarships awarded from proceeds of the annual affair.

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION

(Act of October 23, 1963; Section 4369, Title 39, United States Code)

1. Date of filing: October 30, 1964

2. Title of Publication: MARYLAND PHARMACIST

3. Frequency of issue: Monthly

4. Location of known office of publication: 650 W. Lombard Street, Balto., Maryland 21201

5. Location of the headquarters or general business offices of the publishers: 650 W. Lombard Street, Balto., Maryland 21201

6. Names and addresses of publisher, editor and managing editor:

Publisher: Maryland Pharmaceutical Association, 650 W. Lombard St., Balto, Md. 21201

Editor: Nathan I. Gruz, 650 W. Lombard Street, Balto., Md. 21201

Managing Editor: Nathan I. Gruz, 650 W. Lombard Street, Balto., Md. 21201

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National Pharmacy Week Proclamation

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Governor J. Millard Tawes presents proclamation on National Pharmac Week in Maryland to President Solomon Weiner. Also present right to left Pharmacist Rebecca Davis, William Edmondson, President, A.Ph.A.-M.P.A. Studer Branch; Morris L. Cooper, Chairman, Pharmacy Week; Thomas M. Payne, Cc Chairman; Secretary Nathan Gruz.

Improved Test Developed For Syphilis Screening

A faster, economical and more accurate screening test for syphilis was described in a scientific exhibit by Kenneth A. Borchardt, Ph.D., of Letterman General Hospital, San Francisco, at the 92nd annual meeting of the American Public Health Association.

Called the macroscopic latex test, the new screening agent is based upon the fact that antibody-like material in syphilitic blood, reagin, agglutinates the latex particles coated with cardiolipin (fats extracted from fresh beef hearts).

The test is conducted by simply adding one drop of the cardiolipin coated antigen to two drops of the patient's blood serum on a glass slide.

In his study covering 615 sera, Dr. Borchardt found that 602 or 97.8 per cent of sera tested with the macroscopic latex test agreed with results found with the cardiolipin microflocculation test commonly used as a screening ager for syphilis, while only 13 disagree with the microflocculation test.

Dr. Borchardt pointed out that th new test (to be introduced in the ne future under the name Seroscreen the Knickerbocker Biologics Un Pfizer Laboratories Division, Cha Pfizer Co., Inc.) is more specific th the standard test, and that "in effort to increase accuracy in a scree ing program for syphilitic reagin, it recommended that all sera tested e ploy the macroscopic latex test and crease the incidence of false posit results."

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Drug Store Changes

The following are changes which occurred in pharmacies during the month of October 1964:

New

The Prescription Shop, David Greenfeld, President, 6630 Baltimore National Pike, Baltimore, Maryland 21228.

Drug Fair #77, Milton Elsberg, President, 5803 Eastern Avenue, Chillum, Maryland.

Health City Distributors, Inc., T/A Health City, Paul Fribush, President, 5443 Reisterstown Road, Baltimore, Maryland 21215.

No Longer Operating As Pharmacies

Arrow Drug Company, Meyer Davidson, Proprietor, 935-937 N. Gay Street, Baltimore, Maryland.

Drug Fair #26, Milton Elsberg, 4287 Branch Avenue Marlow Heights, Maryland.

Montgomery Ward Retail Store, R. E. Brooker, President, 1000 S. Hanover Street, Baltimore, Maryland 21232.

Helros, Inc., T/A Freedom Drug Company, Abraham Berman, President, 3706 E. Northern Parkway, Baltimore, Maryland 21206.

Change of Address or Ownership

Walther Pharmacy, Inc., Frederic T. Berman, President, 3407 Hamilton Avenue, Baltimore, Maryland 21214.

New One-Shot Live Measles Vaccine

A many-sided, large scale test of a new one-shot live measles vaccine by the Chicago Board of Health was reported in a scientific exhibit at the 33rd annual meeting of the American Academy of Pediatrics.

Dr. Samuel Andelman, director of the study, explained the importance of an effective lifelong vaccine, as follows:

"Measles is a significant public-health problem. Deaths resulting from the complications of measles exceed those from many diseases that the public considers more serious.

New Possibility

"Eradication of measles which is now a possibility with the use of effective vaccines could eliminate a major cause of death in children."

In commenting on the duration of effect of the Schwarz-strain vaccine, developed by Dr. Anton Schwarz of Indianapolis, Dr. Andelman added:

"Some children immunized in 1962 still have protective antibodies against measles two and one-half years after, and none of the children in this group has developed measles."

Dr. Andelman commented on measles complications:

"Of the many possible complications of measles, the most serious are pneumonia and encephalitis. Mounting evidence indicates that our knowledge of the full consequences of measles encephalitis—or even severe measles—is far from complete. There is growing evidence that this disease, even in mild form, may play a significant role as a cause of mental retardation, learning difficulties, and personality or behavior changes.

"Approximately one-fourth of al measles encephalitis cases end fatally and another third suffer some form o permanent damage, such as paralysi or mental impairment."

Other Complications

Other known complications o measles, according to the exhibit, ar middle-ear infection, bronchitis-bron cholitis, ulcer of the cornea of the eye inflammation of the heart muscle, an a tendency to hemorrhage.

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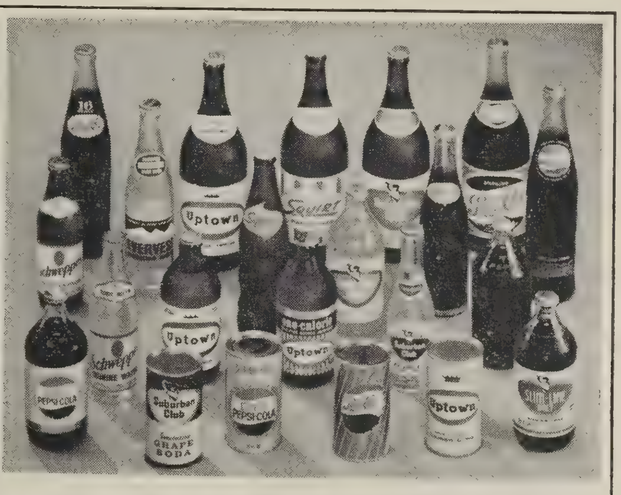

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AQUAPAC selected skins
—only the primes are processed.
Not just wet—but also lubricated and rolled
Lowest cost—greatest percentage of profit
Professionally promoted—presold
Unconditionally Guaranteed!
SELL ON OPEN CALL.
Retail $6.50 dozen—3 for $1.75

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Represented by—IRV. NORWITZ

Marylanders at NARD Convention

Shown attending a session of the recent N.A.R.D. Convention in Sa Francisco is part of a large Maryland delegation. Left to right: Morton Schnaper, Solomon Weiner, Harold M. Goldfeder, David Newman, Frank Bloc Nathan I. Gruz, Paul Reznek, and Morris R. Yaffe.

Amrael Development Corporation Formed To Market Israel Products In U.S.

Formation of Amrael Development Corporation, a bi-national organization for the development of new and expanded markets for Israel's rapidly growing export industries in processed foods, beverages, cosmetics, pharmaceuticals, soft goods and sundries was announced by the Government of Israel Investment Authority.

The new corporation has been set up with the sanction and encouragement of the Government of Israel to utilize American marketing know-how and merchandising methods in coordinating the flow of products out of Israel. The cooperation is set up in the form of two affiliated companies—the management and sales operation headquarters in New York City, and the counterpart organization in Israel, for procuremen quality control and product develop ment.

The organization will provide market ing and management services such patent and trade mark registratio licensing agreements, joint procureme of supplies in the United States, obtai ing critical processing know-how, a the development of joint venture oppo tunities with American companies f Israel manufacturers.

The product lines selected for initi operations through its several sales a marketing divisions include instant co fee, citrus juices and squashes, essent oils, paste products, soup mixes, liquo beer, marmalades, specialty produc detergents, beauty products, pharm ceuticals, fine chemicals and sundries.

The company is being organized Professor Seymour B. Jeffries who co ceived the Amrael project on complet of an extensive survey on Israel's export capabilities in the food, drug and allied product industry. Following his six-month study in Israel as industrial and marketing consultant to the Ministry of Commerce & Industry, Professor Jeffries was asked by government officials to initiate and direct the vital marketing organization which he recommended in his report.

He has recently returned from a subsequent visit to Israel, where he negotiated representation agreements with a number of the country's leading manufacturers, several of whom have already been exporting to the United States.

Mr. Jeffries formerly served as trade relations manager of the Family Products Division of Warner-Lambert Company and also served as Chairman of the Department of Business Administration of Brooklyn College of Pharmacy. He resigned his position as executive vice president and operations manager of S-P Drug Corporation to devote his time fully to Amrael.

The Government of Israel has committed a loan of $100,000 to the new corporation and provided substantial initial grants for advertising and promotion. Amrael Corporation is in the process of raising an additional $240,000 in investment capital in this country. Plans call for a large share of this investment to come from American and Canadian distributors who are interested in the profit potential of high quality Israeli export merchandise to the United States.

Season's Greetings

D. Stuart Webb *Advertising Services*

MUlberry 5-3232, 33, 34

306 N. GAY STREET Baltimore 2, Maryland

fast turnover!
fast profit!
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AUSTIN'S
cheese peanut butter sandwiches

America's Favorite . . . Baltimore's Own

AUSTIN'S

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SNACK VARIETIES

Drug Inspectors Of Maryland

The five Drug Inspectors working in the Division of Drug Control in Maryland, are:

SAMUEL P. JEPPI: Mr. Samuel P. Jeppi is a native Baltimorean. He is a graduate of Baltimore City College. He received a B.A. from Johns Hopkins University in 1924, and a Ph.G. from the University of Maryland School of Pharmacy in 1925. For several years he worked in the peanut business with his family. From 1929 to 1956 he owned and operated a pharmacy on Bloomingdale Road in Baltimore. In December of 1956 he was appointed a Drug Inspector, Division of Drug Control, Maryland State Health Department. Since he has traveled extensively, it is easy to conclude that travel is his hobby. Married and has one son.

HAROLD KATCOFF: Mr. Harold Katcoff was born in New York City. He graduated from Worcester High School, Worcester, Mass. He graduated from the Massachusetts College of Pharmacy in 1947. From 1942-1946 he served in the U.S. Army Medical Service Corps. Mr. Katcoff was a pharmaceutical representative with E. R. Squibb and Sons for ten years and with G. D. Searle for two years. He has worked in retail pharmacy in Massachusetts and more recently in Baltimore with Rex Pharmacy. On February 13, 1963 he was appointed Drug Inspector and assigned to Office of Health Mobilization, Resources Management, Civil Defense Emergency Hospitals. Married and has three boys.

THOMAS J. KELLY: Mr. Thomas J. Kelly was born in Baltimore. He is a graduate of Loyola High School and Loyola College. After graduating from the School of Pharmacy, University of Maryland, he worked as a hospital pharmacist at Baltimore City Hospital. He has worked for Read Drug Stores and for Sheldon Pharmacy. His military service was in the U.S. Army. Mr. Kelly joined the Division of Drug Control, State Department of Health in June 1956. Married and has three boys.

CHARLES H. TREGOE: Mr. Charles H. Tregoe was born in Baltimore. He attended Forest Park High School. After serving three years in the U.S. Navy he matriculated in the School of Pharmacy, University of Maryland and was graduated in June 1959. For several years after graduation he worked for the Read Drug and Chemical Company. He worked as a pharmaceutical representative with Abbott Laboratories for a year and a half. He was appointed as Drug Inspector, Division of Drug Control, Maryland State Department of Health in December 1962. Being a sport enthusiast no doubt stems from having played pro and semi-pro ball. Married

LEON WEINER: Mr. Leon Weiner i a native Baltimorean. He is a graduat of Patterson Park High School. For sev eral years after graduation from high school he worked for the Social Securit Administration. His military obligatio was met by serving the Army at Cam McCoy in Wisconsin. After discharg from the Army, Mr. Weiner entere the University of Maryland School Pharmacy and graduated in June 195 Since graduation Mr. Weiner has worke for Read Drug and Chemical Compan He was appointed a Drug Inspector wit the Maryland State Department Health on January 15, 1964. Married.

Some of the *IMMEDIATE* BENEFIT from Membership in your State Profe sional Society — THE MARYLAN PHARMACEUTICAL ASSOCIATION

1. A vigorous program to further bo the PROFESSIONAL and EC NOMIC interests of pharmacists a the role of pharmacy in public heal
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3. THE MARYLAND PHARMACI bulletins, meeting notices and ot Association mailings essential every pharmacist. Professional economic seminars.

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Complete Stocks

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OBITUARIES

HERMAN B. DRUKMAN

Herman B. Drukman, 60, president of the Baltimore Metropolitan Pharmaceutical Association in 1959, died at the Union Memorial Hospital on November 18th.

Mr. Drukman, long active in pharmaceutical affairs, was appointed a member of the Mayor's Committee on Small Business in 1960.

He was stricken while at his pharmacy, the Bell Drug Company on Belair Road, Baltimore, which he had operated for 22 years. He had been an employee of Downes Bros. Pharmacy for nine years.

Born in New York, Mr. Drukman came to Baltimore as a boy. He graduated from Baltimore City College and the University of Maryland School of Pharmacy in 1926.

He held memberships in the Maryland Pharmaceutical Association and the N.A.R.D. He was a charter member of the Belair Road Pharmacists Council. He was also a member of the Cassia Lodge No. 45, A.F. & A.M., and the Yetz Grotto.

Surviving are his wife, the former Bessie Gordon, and four sisters, Mrs. Sylvia Acker, Miss Minna Drukman and Miss Pauline Drukman, all of Baltimore, and Mrs. Morris Blitzer, of New York.

JAMES A. I. PARKER, SR.

James Allan Ireland Parker, Sr., 59, Montgomery County pharmacist, active in pharmaceutical affairs and owner of the Kensington Pharmacy, died October 8th after suffering a heart attack.

Mr. Parker, a native of Frostburg, Maryland, graduated from the University of Maryland School of Pharmacy in 1925.

He had operated drug stores in Baltimore, Riverdale, and West Kensington before opening the Kensington Pharmacy in 1949 .

In 1957 Mr. Parker was elected president of the Prince Georges-Montgomery County Pharmaceutical Association, and at the time of his deatl he served on the Executive Committee

He was a former member of th Executive Committee of the Marylan Pharmaceutical Association.

Mr. Parker was the first president o the Kensington Lions Club and serve on the Kensington Town Council.

Surviving are his widow, Miriam, h children, Diane, Charles H., Richard I Laurence D. and Mrs. Elaine M. Burris a brother Laurence, and three sister Mrs. David MacFarlane, Mrs. Hele Shaffer, and Vera Parker.

HARRY R. RUDY, JR.

Harry R. Rudy, Jr., 57, former Mar land pharmacist, died in Philadelph on October 7th.

Ht was born in Hagerstown, the of the late Harry R. Rudy, owner Rudy's Drug Store and the late G trude Adams Rudy. He attended Hagerstown schools and graduated fr St. Johns College, Annapolis, and University of Maryland Pharm School in 1933.

Upon graduation he accepted a p tion with Sharp & Dohme, Phila phia, where he was employed until retired last March.

LARMAR J. STLLWAGON, JR.

Larmar J. Stillwagon, Jr., 56, Hagerstown pharmacist, who came from Pennsylvania in 1946, died October 29.

Mr. Stillwagon had been employed for the past 15 years by People's Drug Store, Hagerstown.

He is survived by his mother, Lillian, and his widow, Mrs. Elizabeth (Evans) Stillwagon.

JOHN M. THAL

John M. Thal, 74, who once owned he chain of Executive Pharmacies in Washington, died November 3.

Mr. Thal, a native of Latvia, had ived in the Washington area since 1918, He was trained as a pharmacist in Europe and was licensed to practice in he District of Columbia and Maryland.

Mr. Thal is survived by his widow, dea, and two daughters.

J. WEST THOMPSON

J. West Thompson, 79, retired pharmacist and one-time Centreville, Maryland, magistrate, died October 13.

Mr. Thompson practiced pharmacy since 1909 in the community of Centreville. He was a former member of the Maryland Pharmaceutical Association.

Surviving him are his widow, Nellye; a son; two brothers, William and Philemon; and a sister, Miss Mary E. Thompson.

W. PRESTON CRAUMER

D. Preston Craumer, 78, retired head pharmacist at the Hartford Hospital, died October 28th. He had served for 34 years in the position after seven years as a pharmacist at the Johns Hopkins Hospital. He attended University of Maryland School of Pharmacy.

DID YOU KNOW-?
THAT AN ENEMY MAY CHOOSE TO USE AN ATTACK PATTERN THAT WOULD NOT DESTROY THE CITIES- BUT KILL TENS OF MILLIONS OF PEOPLE WITH RADIOACTIVE FALLOUT!
...THAT, AS OF FEBRUARY 1964, THERE ARE 93,000 RADIOLOGICAL MONITORING KITS ISSUED TO SHELTERS & FIXED MONITORING STATIONS THROUGHOUT THE U.S.A.
MORE FACTS? CONTACT YOUR LOCAL CIVIL DEFENSE

May Christmas joy bloom brightly in your heart and home, and may happy memories of the Yuletide be yours to cherish.

Borden's Ice Cream Co.

THANTIS LOZENGES
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HYNSON, WESTCOTT & DUNNING, Inc.
BALTIMORE 1, MARYLAND
First Aid for Throat Irritations
Thantis LOZENGES
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LOZENGES

IRTY-THREE YEARS

FIRST AID FOR THROAT IRRITATIONS...

THANTIS provides soothing and prolonged relief from sore throats and coughs.

THANTIS combines an effective bacteriostatic agent, and a mild anesthetic for reducing infection and promoting the comfort of the user.

THANTIS LOZENGES! Packaged for convenient carrying and ease of displaying.

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The Velvet Kind

A Merry Christmas
and many more = =
A Happier New Year
than ever before

Albert Hendler

Albert Hendler

First name in ice cream for over a half-century

THE MARYLAND PHARMACIST

Important Events

MARYLAND PHARMACEUTICAL ASSOCIATION—
SCHOOL OF PHARMACY

ROBERT L. SWAIN PHARMACY SEMINAR

UNIVERSITY OF MARYLAND
HEALTH SCIENCES LIBRARY AUDITORIUM
BALTIMORE, MARYLAND

THURSDAY, MARCH 4, 1965
9:00 A.M.—4:00 P.M.

Observe
NATIONAL POISON PREVENTION WEEK
March 14-20, 1965

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSN.
ANNUAL BANQUET AND DANCE
EMERALD GARDENS
THURSDAY, MARCH 18, 1965

OLUME XL - NO. 3 DECEMBER 1964

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does more for the skin than any single purpose beauty cream . . . it's *medicated!*

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NOXZEMA is 3 ways better for the skin!

1. Cleans thoroughly like soap—but it's better, doesn't dry the skin.
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M-73
100 TESTS (APPROX.)
TES-TAPE®
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Protect from direct light, excessive moisture, and heat.
FOR URINE SUGAR ANALYSIS ONLY
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AMX
DIRECTIONS—ON BACK
APPROX.
0
0%
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1/4%
+++
1/2%
++++
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It's also easy to make "extra" sales by suggesting Tes-Tape® to your iabetic customers.

Lilly

Tes-Tape®
(urine sugar analysis
paper, Lilly)

328023

Yes, we have no bananas!

If it won't benefit the druggist . . . Loewy doesn't have it. But when it comes to merchandise-in-depth . . . or harmonious service. . .or pleasant dealings . . *Loewy* is always right there. The Loewy man and you are partners in progress . . .

P.S. If bananas ever become a profitable drug-store item, Loewy will have them—firm and golden!

Loewy
DRUG CO., INC.

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DIckens 2-7875

The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL **DECEMBER 1964** **No. 3**

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HIGHLIGHTS IN THIS ISSUE

Page

Editorials:

Continuous Education A Vital Necessity....284
Medical Care....284
President's Message....286
Secretary's Script....288
Maryland Board of Pharmacy....290

Contributions:

Pharmaceutical and Cosmetic Aspects of Oleyl Alcohol—B.F. Allen....292
Hospital Pharmacy and Community Pharmacy—Milton W. Skolaut....296
T.A.M.P.A. Tattler....312
B.M.P.A. President's Message....314
The Wm. J. Lowry Alumni Memorial Scholarship Fund....316

News Items:

Swain Pharmacy Seminar....318
National Pharmacy Week....318
Letters from Washington....320, 321
Walter E. Albrecht, Honorary President M.P.A....322
Diabetes Detection Center....324
Dr. Perry F. Prather, M.D. Retires....325
A.Ph.A. To Meet In Detroit....326
Alumni Association February Dance....327
Third Simon Solomon Pharmacy Economics Seminar....328
Pharmaceutical Industry Maligned and Misunderstood....330
Committee on International Drug Standards Reactivated....332
Obituaries....332

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Editorial . . . . . .

Continuation Education A Vital Necessity

Today continuing education is recognized as a necessity for the members of every profession. The Maryland Pharmaceutical Association has demonstrated its awareness of this need by providing opportunities to pharmacists to maintain current knowledge in both the professional and economic aspects of their pharmacy practice.

In November the Third Annual Simon Solomon Pharmacy Economics Seminar was held. As usual an outstanding-ing panel of specialists in business management, economics and merchandising were assembled for the benefits of our members. This year the N.A.R.D. and the Small Business Administration joined in planning a most enlightening program. The N.A.R.D. Journal of December 21st featured a two page spread on the seminar.

Beginning with the next issue we will publish some of the material presented. Perhaps this will indicate to those who could not attend the scope of the program and how informative it was. We hope more of you will arrange to be present at these most rewarding educational programs which have practical applications. Just one helpful idea gleaned from the experience of the speakers can prove of immeasurable value to you in your own operation.

In the professional area, the Fifth Robert L. Swain Pharmacy Seminar is scheduled for Thursday, March 4th. Distinguished experts in a number of fields will present vital information to keep you abreast of developments in the medical and pharmaceutical sciences.

Make sure you will remain an **informed** pharmacist by planning to attend the seminars which are arranged for you at great effort and expense.

Only an informed pharmacist can gain full recognition as a health professional. Only an informed pharmaci can be an effective pharmacist prepare to discharge his responsibilities in pr viding professional pharmaceutic services and serving as drug consulta to physicians and patrons.

The availability of an informed pha macist in our pharmacies is a co vincing reason for distributing all pa ent medication in pharmacies.

Medical Care

The Baltimore City Health Depa ment Medical Care Section has j distributed a card to all patients rolled in the program with a list rules.

As the result of the efforts of pharmacy representatives and ph maceutical associations to prevent interference with free choice of ph macy by the patient, **the patient is to request a written prescription placed in his hand.**

The text of the card is as follow

BALTIMORE CITY HEALTH DI
MEDICAL CARE SECTION
RULES

1. If you are well do your best to well. Take care of your health.
2. If you are sick go to your d without delay but do not go to without good reason.
3. Stick to one doctor.
4. Do not see your doctor more than he advises.
5. Do not ask your doctor to co your home if you are able to his office.
6. Do not ask the doctor for me you do not need.
7. Follow the doctor's instructions fully.
8. **Expect the doctor to hand yo prescription, if you need one,**

can take it to the pharmacy which you, yourself, choose. If he does not place the prescription in your hand, ask him to.

. Always show your medical care identification card when you visit your doctor, your pharmacist or your clinic.

MEDICAL CARE IS COSTLY —
IT MUST NOT BE WASTED

Dr. J. Wilfrid Davis and his asso- ates in the Baltimore City Health De- ırtment are to be commended for this :tion which indicates a recognition of serious inter-professional problem for ıth pharmacists and physicians.

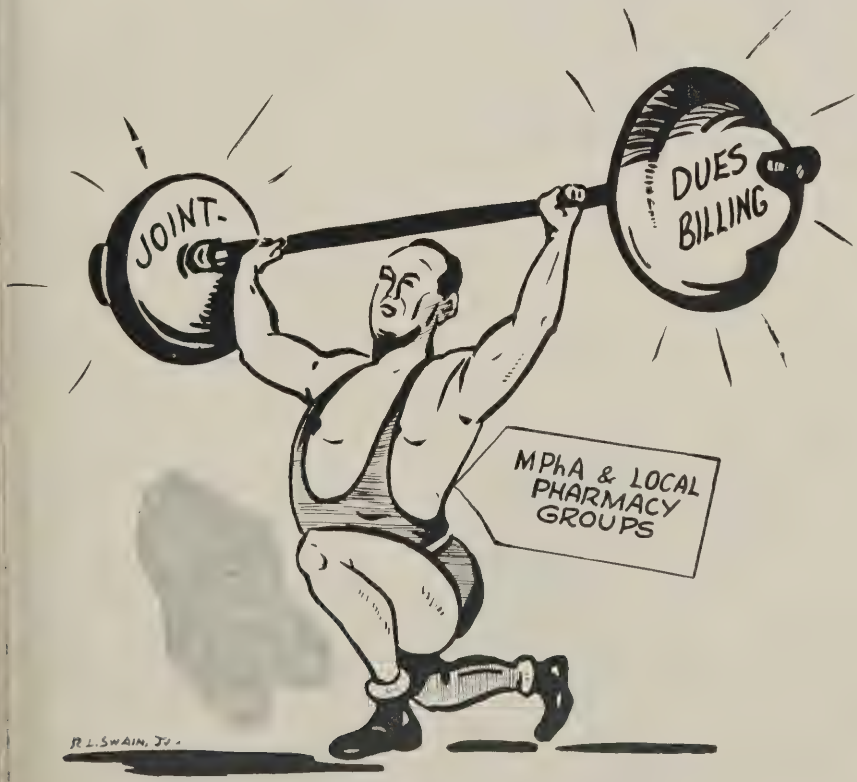
Pharmacy's representatives on the ate and city medical care advisory uncils will continue their efforts to sure that pharmaceutical services of the highest professional standards are available to all under the program.

CORRECTION—

We regret the transposition of a line in the editorial of the November issue of this journal. The last two paragraphs on p. 233 should have read:

The late President John F. Kennedy left us an undelivered speech which he was to present in Dallas, Texas, on the day he was assassinated a year ago. In it, he referred to those voices **"expressing opposition without alternatives, finding fault but never favor, perceiving gloom on every side and seeking influence without responsibility".**

We have such voices of "opposition without alternatives" in pharmacy, but if we are united we can achieve our aspirations.



WILL MAKE FOR **STRONGER** ORGANIZATION!

President's Message . . . .

Dear Fellow Members:

After many months of work our Legislative Steering Committee, workin with our legal counsel, has drawn up a number of proposals to improve ou pharmacy laws.

All of those in pharmacy in Maryland have been demanding that legislatio be developed to raise our professional standards and to improve conditions i the practice of pharmacy.

When legislation is drafted it will be important for all to present a unite front in order to see that a program that is beneficial both in the public and i the professional interest is enacted.

When called upon we hope that all of you will support a program th has been thoroughly studied and recommended by the Maryland Pharmaceutic Association, as well as the Baltimore Metropolitan Pharmaceutical Associatio and all groups in pharmacy, including the Maryland Board of Pharmacy a the Division of Drug Control of the State Department of Health.

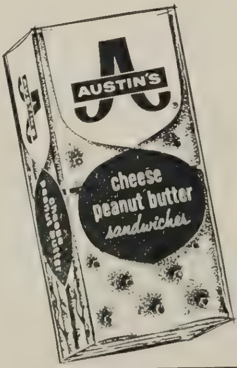
In the meantime our committees are going ahead with many of our progra The Social Committee is already working on the Annual Convention and t Swain Pharmacy Seminar Committee has arranged an excellent professio and educational program.

I look forward to your support of all these Association projects.

Sincerely,

SOLOMON WEINER
President

fast turnover!
fast profit!
serve your customers the best



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AUSTIN'S
5c & 10c Cracker, Cookie and C
SNACK VARIETIES

"SCRIPTS" THAT END HAPPILY FOR ALL CONCERNED

The first time you meet some of your customers, they are tense, irritable, barely pleasant. You are not surprised when the prescription calls for a calming agent—Vistaril 50 mg. capsules #50. When the patients are sent back for refills, they are relaxed, calm, pleasant.

Of course, all this is a familiar story to you. You have seen so many people helped—and their long-suffering families and friends helped, too—by modern drug discoveries like Vistaril that relax tension, reduce anxiety, and permit a more tranquil reaction. Are your customers aware of the way drug research—as in this case—responds to the demands of modern life?

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VISTARIL® Parenteral Solution HYDROXYZINE HYDROCHLORIDE | FULL PRODUCT INFORMATION ABOUT VISTARIL IS AVAILABLE IN BLUE BOOK, RED BOOK, IN THE PRODUCT BROCHURE ENCLOSED IN EACH PACKAGE, AND FROM YOUR PFIZER REPRESENTATIVE.

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Secretary's Script . . .

A Message from the Executive Secretary

The American Medical Association announced the adoption of the following policy:

"It is unethical for physicians to use prescription blanks with the name of a pharmacy printed thereon."

This action was taken more than a year after the M.P.A. sponsored legislation declaring the furnishing of imprinted blanks as un-professional conduct subjecting a pharmacist to disciplinary action by the Board of Pharmacy.

Perhaps the next step will be the recognition by the A.M.A. that it is unethical for a physician to derive profit from furnishing medication to patients.

* * *

Pharmacists are more frequently being called on to address lay groups on pharmaceutical subjects. Among recent speakers have been Charles E. Spigelmire, Public Relations Chairman, and William C. Hill of Easton. Mr. Hill recently wrote to us: "I want to thank you very much for the film 'Fountainheads in Pharmacy'. It was very well received by the ladies and I think we may have made a point for retail pharmacy along the way."

We have a number of scripts on hand for talks as well as slides for a talk on "Poison Prevention in the Home". Many films can be obtained for you if you will contact the Association office.

* * *

So far the response to the first voluntary joint dues billing of the M.P.A. and B.M.P.A. has been excellent. Dues for both associations are arriving at a substantially faster rate than the same time last year. We trust this is the result of greater awareness of the need for support of both the local and state associations if we are to have the strength essential to unified action on behalf of pharmacy.

* * *

The Tri-County Pharmaceutical As sociation, the newest of our local phar macy groups in Maryland, has arrange several excellent programs at thei meetings in Hagerstown and Frederic President John Batdorf, Secretar Arnold Blaustein and Program Chai man Robert Shestack are to be com mended.

* * *

The Executive Committee is anxio to receive any information about ma ufacturers whose policies encourage t distribution of drugs in a manner whi circumvents the pharmacist. At prese the policies in connection with o contraceptive drugs are being review and manufacturers contacted.

* * *

The Past President's Committee the Baltimore Metropolitan Pharm ceutical Association recommended the December Annual Meeting amendment of their Constitution By-Laws to make all pharmacists el ble for full, active membership. Thi another indication of a wider aw ness of the necessity for developing concept of a unified profession of ph macy, with all pharmacists trea each other as professional colleague

Cordially,

Nathan I. Gruz

Executive Secretary

NOW
IT'S NATIONAL
FOR THOSE
WHO THINK
QUALITY

THE NATIONAL PHARMACEUTICAL MFG. CO.
Manufacturers of Fine Pharmaceuticals for over 45 years
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Maryland Board of Pharmacy . . . . .

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Secretary
301 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

Drug Store Changes

The following are changes in drug stores for the month of November:

New Pharmacies

Super Giant Pharmacy, #223, Joseph B. Danzansky, Pres., 110 Stemmers Run Road, Baltimore, Maryland 21221.

Edgehill Pharmacy, Stanley L. Thompson, President, 500 Race St., Cambridge, Maryland.

Charlesmont Pharmacy, David M. Oken, Prop., 3203 Old North Point Road, Dundalk, Maryland 21222.

No Longer Operating As Pharmacies

Niznik's Prescription Pharmacy, Theodore T. Niznik, Prop., 439 S. Chester Street, Baltimore, Maryland 21231.

Change of Ownership, Location, Etc.

Park Avenue Pharmacy, Harry Glick, Prop., 1535 Park Avenue, Baltimore, Maryland 21217. Formerly owned by Irvin Friedman.

Hughesville Pharmacy, Marion S. Hamer, Prop., Maryland Highway, #5, Hughesville, Maryland. Formerly owned by Sam Sowell.

The following are pharmacy changes which occurred during the month of December, 1964.

New

Dulaney-Towson Nursing and Convalescent Home, Melvin T. Pugatch, President, 111 West Road, Towson, Maryland.

Super Giant Pharmacy, #224, J. B. Danzansky, President, 1734 York Road, Lutherville, Maryland.

No Longer Operating As Pharmacies

Twigg's Pharmacy, T. K. Twigg Prop., 3312 Perry Street, Mt. Rainier Maryland.

Physician's Pharmacy, Charles Pang Prop., 3900 N. Charles Street, Baltimore Maryland 21218.

Change of Location

Super Giant Pharmacy, #225, 790 Ritchie Highway, Glen Burnie, Maryland. Formerly located at: Mountai Road & Ritchie Highway.

Alterations on Triplicate Order Forms Contrary to Regulations

The Bureau of Narcotics, Treasu Department is now reminding whol salers and registrants to conform Section 151.186, Treasury Departme Regulations No. 5 which reads as fc lows:

> "151.186 Alterations. — No alteration, erasure, or change of any description may be made in any orde or in the indorsement thereon, by an person. The merchandise requeste on an order form may not be fu nished if the form shows any altera tion or erasure, or evidence of ar change whatsoever. If an order not properly prepared in every r spect, it must be returned to tl vendee."

A review of triplicate order forms indicated that a great number of alt ations have occurred contrary to re lations. Pharmacists are urged exercise great care in the executing the forms, thereby eliminating any r for alteration, erasure or changes.

Memorandum

The following memorandum is brought to the attention of all pharmacists:

In an address that was delivered before the Pharmacy Section of the Association of Military Surgeons on October 21, 1964, Henry L. Giordano, Commissioner of Narcotics made the following pertinent and noteworthy remarks.

> "During the registering of persons and firms under the Federal narcotic law for the current year, every registrant was mailed a "warning" notice which provided as follows:
>
> "WARNING"
>
> IT is the responsibility of all persons dealing in exempt narcotic preparations to ensure that the preparations sold are for medicinal purposes only and not for abusive use or gratification of addiction. Also, it is the duty of registrants to keep proper records as prescribed by law and regulations. A major contribution factor in the abusive use of exempt preparations is the unprofessional conduct of some registrants. The principle improprieties are laxity, imprudent judgement, and indifference to the consequences of making continual sales to persons having no medical need.
>
> Your help is urgently needed. Unless the professions and industry exert a greater effort to bring about compliance with the law, it may be necessary to impose additional restrictions and prosecutive actions.
>
> Prior to issuance of the cautionary notice, our investigations throughout the country indicated that many pharmacists were engaging in loose and dangerous activities in the handling of exempt preparations. Due to the increase of promiscuous sales of exempt preparations, we decided that the best action would be to alert the drug trade and the professions, thereby affording them the opportunity of exerting their own influence and disciplinary measures rather than invoke any stringent law enforcement action. The notice is intended to emphasize the responsibility upon the seller of exempt preparations to determine, in good faith, that the preparations may be sold only for medicinal need and not for abusive use.
>
> I hope the notice serves its purpose and that in the spirit of harmony and in the interest of public health we can mutually resolve the problem brought about by a few unworthy individuals who blemish the good name of the profession by their misdeeds. Many persons have developed very serious problems as a result of abusive use of certain exempt preparations. Neither pharmacists nor physicians should allow themselves to contribute to a vicious social evil by lax procedures in handling of exempt preparations."

You are aware of the interest and the activities of the Board and the Division of Drug Control, State Department of Health in this area.

It behooves each pharmacist to reevaluate the manner in which he handles exempt preparations and to comply fully with the spirit and intent of the Federal and State Narcotic Laws.

Very truly yours,
F. S. Balassone, Secretary
Maryland Board of Pharmacy

Some of the *IMMEDIATE* BENEFITS from Membership in your State Professional Society — THE MARYLAND PHARMACEUTICAL ASSOCIATION

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Contributions . . . . . .

Pharmaceutical and Cosmetic Aspects of Oleyl Alcohol

By B. F. ALLEN, Ph.D.
Associate Professor of Pharmacy
University of Maryland School of Pharmacy

Oleyl alcohol, formerly recognized in the N.F., is a mixture of alcohols consisting chiefly of CH_3-$(CH_2)_7$-CH= CH-$(CH_2)_7$-CH_2OH (commercial oleyl alcohol may contain up to 10 per cent of cetyl and stearyl alcohols). It is prepared by a method of reduction of butyl oleate or by the hydrogenation of triolein.

The alcohol usually exists as a pale yellow liquid having a faint characteristic fatty odor. However, since it has one double bond (in the 9:10 position) there is a tendency for this fairly viscous oily liquid to darken on prolonged exposure to light.

Oleyl Alcohol

Oleyl alcohol is soluble in ethyl alcohol of 70 per cent and above, isopropyl alcohol above 65 per cent, aromatic hydrocarbons, chloroform, glycol and diglycol ethers and esters; homogeneously dispersible in mineral, vegetable oils and fats.

Because of its hydroxyl group, oleyl alcohol (a monohydric alcohol) is sufficiently polar to be oriented toward the aqueous phase in emulsions, while the aliphatic chain remains dissolved in the fat phase. This makes it a fine emulsifying assistant although it is not an emulsifier itself.

Nonionic

This material is nonionic and therefore stable in the presence of acids and alkalies. It is neither a primary irritant nor sensitizer, dermatologically innocuous and possesses useful emollient properties. Oleyl alcohol is also employed in ointments to increase their smoothness and capacity to absorb water. The following example is a cold cream ointment base formulation; oleyl alcohol 8, white wax 9, sodium borate 0.2, sodium lauryl sulfate 0.6, cetyl alcohol 2, liquid petrolatum 17, and water 57.2.

Penetrant Properties

It is interesting to note that oleyl alcohol is one of many emollient substances (containing a polar group) which appears to have good penetrant properties of the skin. The path by which this occurs is down the aperture of the hair shaft and also through the sebaceous glands.

Having good solubility in ethanol, oley alcohol finds a direct use in hair lotion and hair preparations. Along thes lines, it has been used as a substitut for castor oil, and the following illustrates a very simple hair dressing (alcoholic hair tonic): oleyl alcohol 18, alcohol 80.8, yellow color 0.2, and lavende perfume 1. As this product evaporate a layer of oleyl alcohol is left on th hair to create the desired sheen.

Softening Agent

It has been used as a softening conditioning agent in the followi cosmetic formulations (amount of ole alcohol in parentheses): liquid brillia tine (15 per cent), sulphonated shampoo (3 per cent), liquid crea shampoo (2 per cent), and transpare liquid shampoo (1 per cent).

It is also a suitable solvent for eo dyes (approximately 1.4 per cent soluble in oleyl alcohol). The eo dyes (bromine derivatives of fluor cein) are used in the manufacture indelible lipsticks. Oleyl alcohol enhances the penetration of the d stuff, and is said to confer a lus superior to that of castor oil (traditi ally used in lipstick formulations) the finished lipstick.

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Make-up Preparations

Oleyl alcohol is used as a wetting, dispersing and suspending agent of pigments in make-up preparations. In its effects on the stability of pigment suspensions it is believed to surpass many oils commonly used for this purpose.

The inclusion of small quantities of oleyl alcohol in "beauty milks" improves their emollient properties and minute quantities have been incorporated in mascara to improve its lustre.

Hair Fixatives

Specialized raw materials which considerably aid the formulator of transparent hair fixatives (hair dressings) include ethoxylated oleyl alcohol. This water-dispersible fatty alcohol ethoxylate is combined with mineral oil and water to make a typical formula.

The importance of fatty alcohols in all branches of industry has increased enormously in recent years. Super refined grades of these alcohols have been available for some time and have become standard ingredients of many formulations. The preparation of a pure liquid fatty alcohol has not been easy to achieve; but manufacturing problems have now been successfully solved.

Distillation Process

For example, NOVOL (Croda), is a grade of oleyl alcohol prepared by a special high-vacuum distillation process. It is described as a clear, odorless and colorless low viscosity oil, free from rancidity, easily hydrated, fully compatible with fats, oils and wax mixtures for improved "feel" and spreadability. Similar highly purified oleyl alcohols available from this manufacturer are CRODACOL-A-10 (cosmetic grade) and CRODACOL-O (commercial grade).

Basic Formulations

Some suggested basic cosmetic formulations employing NOVOL are (concentration in parentheses): baby oil (12.5%), cleaning lotion (6%), all-purpose emollient cream (5%), hair set aerosol (0.4%), deep-staining lipstick (32%), and beauty milk (7%). It is also suggested as an ingredient of deodorant sticks, to reduce stickiness and give better "slip."

ALDOL-85 (Archer - Daniels - Midland), cosmetic and pharmaceutical grade of oleyl alcohol, contributes important aesthetic advantages to many formulations. It produces a remarkable, pleasant, new "feel" in preparations applied to the skin. It improves ease of application, leaves no sensation of excessive wetness or gumminess, and imparts to the skin a feeling of smoothness, freshness, and suppleness which lasts a long time.

Ointment Base

A proposed pharmaceutical ointmen base claimed to maintain consistenc in temperate and tropical climates, an in which it is possible to incorporat a wide variety of medicaments consist of hard paraffin 44, oleyl alcohol 3. diethylene glycol distearate 4:5, sodiu cetyl sulfate 2, and water 45.9.

A suppository which, it is claime may be stored for long periods of tim yet retain a solid form at room tem perature and melt at body temperatu is made from 40-70 parts oleyl alcoh and 30-60 parts cetyl alcohol.

Similar Uses

A dermatologic or similar use f oleyl alcohol is illustrated by the f lowing commercial products: ALLE CREME VELVET FINISH (hypoalle genic lotion containing mineral oleyl alcohol, glycerylmonosteara polyoxyethylene stearate, polyethyle glycol, titanium dioxide, talc, kaol iron oxides, magnesium alumin stearate, nonionic wetting agent, cel lose derivative, perfume, purified wate and ALVININE (shampoo contain antiseborrheic agent, oleyl alcohol, t thanolamine lauryl surfate, propyl glycol, lauric acid diethanolamide aqueous vehicle).

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Hospital Pharmacy and Community Pharmacy

PROBLEMS OR PROGRESS?

By Milton W. Skolaut

Chief, Pharmacy Department, National Institutes of Health and President of the American Society of Hospital Pharmacists

Presented at the Regional Meeting of the Maryland Pharmaceutical Association
Easton, Maryland - April 16, 1964

I speak to you today as a hospital pharmacist. My institution, however, is a highly specialized government hospital, of which there is only one; therefore, the problems that I have, and the relations I have with community practitioners do not apply in other areas since the services provided are all for research.

I will deal in this presentation primarily with general hospitals, city, state, or local government operated; private hospitals; charitable institutions; and teaching hospitals. At the conclusion, however, I will be very happy to answer any specific question you may have about the National Institutes of Health.

A Privilege

This year I have the privilege to serve as President of the American Society of Hospital Pharmacists, an affiliated organization of the American Pharmaceutical Association.

Our Society has, as a primary goal, the raising of the standards of practice of hospital pharmacy in order to improve patient care. In doing so the Society raises the standard and the image of the whole profession of pharmacy, for there is nothing that any one segment of the pharmaceutical profession can do that will not either assist or hinder all pharmacists.

Whatever Field

Whether the pharmacist practices in the community hospital, teaches in a college, works as a medical service representative, is engaged in research, control, or manufacturing, he is still a pharmacist. The training of all pharmacists was essentially the same when they completed their basic course in the pharmacy school.

However, experience and additional training following graduation have provided many pharmacists with a specialty. It appears at times that they forget that they are still a portion of the profession.

The American Society of Hospital Pharmacists encourages teaching hospitals to train graduate pharmacists in our specialty of hospital pharmacy. In so doing, many teaching hospitals hav established internships or residencies i hospital pharmacy.

These residency training program are being accredited. A minimum program has been approved and thes hospital programs will be accredite by the Society or be asked to improv their program.

Complete Course

This should assure the trainee tha he is receiving a complete course training in the specialty of hospit pharmacy. In no way does the Societ suggest that this will remove the ma from being a pharmacist.

One of the problem areas of mi understanding is the filling of ou patient prescriptions by hospital pha macies. Some of the complaints ste from community pharmacists who a of the opinion it is professionally wro These men are quite sincere in th feelings. However, most hospital pha macists feel that they have eve professional right to fill prescripti provided the patients were actually se within the hospital buildings by a ph sician on their staff and did not walk in off the street.

As I have traveled this year, I h found great differences in opinion some hospitals do not fill prescripti for outpatients or even for patie being discharged from the hospi However, this immediately causes pr lems with such items as investigati drugs, special preparations which compounded within the hospital, scriptions for indigent patients, or

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tients who cannot afford to pay the entire amount.

New Book

The American Society of Hospital Pharmacicts has just published a book entitled, "Mirror to Hospital Pharmacy." It is, by far, the greatest source on the many facets of hospital pharmacy practice that has yet been made available.

In 1957, 64% of all hospitals, including short and long-term hospitals, provided outpatient pharmacy service. To pin-point these percentages closer to the size of hospitals, approximately 83% of the hospitals with 500 beds provided outpatient prescription service, 87% of those in the 400 to 500 bed category and 74% of those hospitals in the 300 to 400 bed range also provided this service. During that same year these hospitals filled a total of approximately 32,689,000 outpatient prescriptions.

Interesting to Note

Interesting to note as a statistic is that approximately 50% of the outpatient prescriptions filled by hospital pharmacists were supplied to indigent or partially indigent patients. Approximately 30% of the outpatient prescriptions were filled for private paying pations while approximately 20% were furnished to others. The latter class includes dependents of the Federal Government, such as Veterans, Armed Forces personnel and dependents, subscribers to health plans and so forth.

If you combine the indigent or partially indigent with the other category, we find that the cost of approximately 70% of the prescriptions dispensed to outpatients was subsidized partially or in full.

This may have changed slightly since six years ago.

However, most of these percentages still hold true today and are worth noting.

I am sure that some of you may state that this is fine as a general average but this does not apply in my hometown.: This may be true, I cannot speak for each hometown. I can only discuss broad general principles.

Right To Fill

Approximately three out of four hospital pharmacists feel that it is their right and prerogative to fill outpatient prescriptions. You may say that they shouldn't fill any. However, have you thought of the many problems this might present? We could probably eliminate filling the private inpatient discharge prescriptions and outpatient prescriptions but we would deny certain rights to patients who are able to pay

As I noted in my earlier figures there are a great percentage of prescriptions which are not completely pai for by patients. Many of them are fo indigent patients who do not pay anything and some who pay reduced rates You may state that this is fine for th hospital, because the hospital pays n taxes in most cases and asks for contributions in order to exist.

In addition, most hospitals perfor many services for which they cann receive full or even partial payment.

Not Fully Paid

The training of physicians cann be fully paid for by the private patients within the hospitals or by th insurance companies for their hospita ized patients. We may fail to reali that many employees are in the ho pital twenty-four hours a day and th they must be there for the time whe you may have an emergency.

I'm sure that each of you has a war spot in your heart for your hospit and a warm feeling of satisfaction knowing that if you really need servi in an emergency, it is available with the hospital.

I have often heard the complaint th some of the hospital pharmacies te to make money and actually may sh a paper profit. The pharmacy is, ho ever, just one small department in hospital and cannot be divorced fr the rest of the hospital any more than the x-ray department, the dietary department, the nursing department, and other areas which make up an entire medical center.

Single Out

Therefore, I do not think that you should single out the pharmacy and say that it is different than the rest of the hospital. I am sure that some of the complaints are from community pharmacists who may have not increased their prescription service as they feel they should or may have actually had a reduction.

Frequently, the best thing to do is to blame it upon the hospital. This may be correct in a few instances, but it is not generally true.

A statistic that you may be interested in knowing is that approximately 30% of all drugs are now being dispensed in hospitals and predictions state that this figure may go as high as 40% by 1970. The greater portion of this, of course, goes into inpatient use each day.

Pharmacy Decline

Interesting facts of why some community pharmacies decline were published in the Central Pharmaceutical Journal in November, 1963 and I quote:

> *"A pharmacist with a thriving business may gradually begin to lose customers or to observe a decline in gross receipts and in net earnings. He may indulge in self criticism which under the circumstances may be useless. A more effective plan would be to review this whole situation including outside influences.*
>
> *Here are some things to reevaluate: 1. Changing buying habits and this change can and does affect the business of a pharmacy. 2. Central location may not be accessible. Traffic tangles may make ideal locations the most difficult places to reach. and customers won't put up with such irritating transportation problems. 3. Changing population. If old customers have moved away or moved further out from the city, usually the new residents will be less economically secure. 4. Follow the leader. The pharmacist may be forced to move to where his customers went or where he can find customers of a similar caliber. 5. Population growth is out of the city. Turnpikes and freeways are making it possible for more and more people to live thirty to forty miles from a city and still be gainfully employed in that city. 6. Smaller communities are also affected. Even though the trend is to move out of the city, a turnpike can bisect or by-pass a town or city that was once an ideal location for a pharmacy. 7. The established pharmacist. Even the old-timer has to face facts and often must relocate in a more favorable area."*

Self-Evaluation

These are times for self-evaluation in case you, as an individual, tend to blame the problems of losing prescription business on the hospital pharmacist.

Need I remind you that the buying habits of the American public have changed. We have seen the vast supermarkets spring up and be very successful.

Why are they successful? Because, in most cases, the individual can park his car once and do all of his shopping or business transactions in one stop rather than in many stops.

Closeness

Why do physicians like to have offices in hospitals or close to hospitals?

There are many reasons, but **first,** many perform some free services for the hospitals, especially in the clinics. If their office is close, they save travel time and this affects the physician's ability to see his patients.

Second, they have available the hospital laboratories which they find are too expensive to establish on their own.

They also have available other services of the hospital which are too expensive for any one physician to procure. In lieu of an office near a hospital, physicians may establish clinics to accomplish the same end.

Third, the hospital procures x-ray machines which often cost in excess of $50,000 and they need to have many users. Therefore, they encourage physicians to use their equipment in order to make it financially possible.

Fourth, other consultants are frequently and readily available.

Fifth, dietetic service and consultation is available to the patient within the same building and they do not have to go elsewhere.

Sixth, along with this, a complete pharmacy service is available with which the physician is familiar since it services the pharmaceutical needs of his inpatients.

The physician has his personal likes and dislikes. This is an individual thing which cannot be legislated or resoluted, but it can be changed by service.

Drug Information

The hospital pharmacy often provides a drug information service to the physician. He offers special prescription compounding and preparations and assistance in rational drug usage.

He frequently handles, stores, and dispenses for the physician, investigational drugs. Usually no extra charge is made to the physician or to the patient, although it would be perfectly proper to charge a dispensing fee.

The pharmacist performs the dispensing of these inpatient and outpatient investigational drugs rather than the physician or his nurse performing this duty. The community practitioners could handle the physicians' investigation drugs for use by his office patients but how many of you are doing it? The drugs are the property of the physician, and you cannot sell the drug, but you can charge a dispensing fee for your professional services.

One-Stop Shopping

Again, we come back to the problem of one-stop shopping or one-stop medical care.

I have the feeling that the persons being treated, the patients, do appreciate one-stop medical care: They like to go to an office and receive their entire care.

Would you like to go to one office to see the physician, then be required to drive to an x-ray laboratory; then get back in your car and go to a clinical laboratory for some blood tests and other material which you may need, then to a consultant in another building, if it is deemed necessary; and then another trip to your drug store for your drug needs.

I'm afraid, ladies and gentlemen, that neither you nor I can change the likes and dislikes of the general public. These are just some of the hard facts that we must keep in mind before we criticize the actions of our professional colleagues.

Comments Heard

I have heard comments from community practitioners against hospital pharmacists claiming that they have an "in" with the physicians that the community practitioners do not have

There is a difference between the practice of hospital pharmacy and community pharmacy. Although, basically, we use the same drugs, I believ a hospital pharmacist compounds mor drug formulations and prescriptions.

The pharmacist in the hospital prac tice is really and truly a member o the health team, composed of the phy sician, the pharmacist, and the nurs This, frequently, is not the case wit the community practitioner.

I don't mean that as a derogator remark—just that he often does n have the privilege or opportunity.

Hospital Pharmacist

The pharmacist in the hospital is member of the Pharmacy and Ther peutics Committee which discusses a

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establishes many of the programs of drug usage within the hospital.

Just recently the guiding principles on the operation of the hospital formulary system were changed slightly and were approved by the American Hospital Association, the American Medical Association, the American Pharmaceutical Association, and the American Society of Hospital Pharmacists.

I would like to quote a few statements taken from these "Guiding Principles."

> *"The treatment of patients in hospitals in many cases is dependent upon the effective use of drugs. The multiplicity of drugs available makes it mandatory that a sound program of drug usage be developed within the hospital to insure that the patients receive the best care and protection possible. The hospital formulary system is based upon its approval by the organized medical staff, the concurrence of individual staff members, and the functioning of a properly organized pharmacy and therapeutics committee of the medical staff. The Pharmacy and Therapeutics Committee, composed of physicians and pharmacists, selected under the guidance of the medical staff, represents the official organizational line of communication and liaison between the medical staff and pharmacy. The Committee is responsible to the medical staff as a whole, and its recommendations are subject to approval by the organized medical staff, as well as to the normal process of administrative approval."*

Hospital Formulary

Now, what is a hospital formulary in a hospital formulary system? Let me again quote from this guiding principle:

> *"The hospital formulary is a continually revised collection of pharmaceuticals which reflects the current clinical judgment of the medical staff. The hospital formulary system is a method whereby the medical staff of a hospital, working through a pharmacy and therapeutics committee, evaluates, appraises, and selects from among numerous available medicinal agents and dosage forms; those which are considered most useful in patient care. The hospital formulary system provides for the procuring, prescribing, dispensing, and administering of drugs under either their non-propreitary or proprietary names in instances where drugs have both names."*[1]

This means that the pharmacist works directly with the physicians in attempting to arrive at rational drug therapy. Of course, this practice is not followed in all hospitals.

However, I can say that practically all of the teaching hospitals do use the Pharmacy and Therapeutics Committee program in establishing rational use of drugs and protecting the physician's rights and prerogatives in the formulary system.

Prior Consent

The problem of "prior consent" has caused great misunderstanding. The original guiding principles approved by the AHA, APhA, and the ASHP did not intend for hospitals to make this an absolute requirement of physicians who want to become members of the hospital staff. This was never the intention.

This point has been clarified, however, and is still not a requirement in the new "Guiding Principles". The new "Guiding Principles" clearly state that the American Medical Association as well as the American Hospital Association, American Pharmaceutical Association, and the American Society of Hospital Pharmacists approve of the formulary system and the Pharmacy and Therapeutics Committee.

Work Closely

The hospital pharmacists frequentl work more closely with physicians an

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build up a mutual trust in the treatment of inpatients. This mutual trust extends to the dispensing of quality drugs within the hospital.

Within the hospital the physician is able to more closely watch the therapeutic response and learn to trust the quality of the drugs stocked or complain to the Pharmacy and Therapeutics Committee if he is dissatisfied.

Brand Name

Often the physician will not care what brand name drug the hospital pharmacist dispenses. It is not really the brand name of the drug that is important, but it is the name of the manufacturer.

No one can convince me that a brand name drug of E. R. Squibb and Sons is better than the identical drug under another brand name manufactured by Wyeth; Lederle; Abbott; Merck, Sharp & Dohme; etc.

These companies all put out drugs of quality. I am more interested in the quality that is inherent in the company name that backs the product, rather than the individual drug trade name.

Numerous Patients

In a hospital where a physician has a great number of patients, he knows what type of drugs are used within that particular hospital and what therapeutic results he gets.

Frequently, the physician does not know what you stock in your individual pharmacies and may be more reluctant to allow you to switch brands unless you ask his specific permission or work with him very closely.

Further, the physician knows that in the hospital he has a Pharmacy and Therapeutics Committee that sets policy and is not something that the hospital pharmacist has done himself.

Teaching

Another factor which may affect the physicians and hospital pharmacist relationship is the teaching responsibility assumed by many of our practitioners, particularly since the physician usually is requested to teach certain nursing courses.

The total drug program established within the hospital is one which most physicians appreciate.

Controls are still weak in many of our hospitals, but I have spent a major portion of this year talking to people in hospital practice encouraging them to improve controls.

Sterile product prescriptions can be filled in most of the larger teaching hospitals and many of the smaller hospitals.

How many of you can provide a sterile compounded prescription? I do not mean this as a derogatory remark against your services, but generally you have no occasion to perform this service.

The physician normally expects thi as a part of the hospital inpatient service and he continues to ask for it o an outpatient basis.

Let me repeat again. I do not mea that you are not capable of giving thi type of service, but many of you hav not been offering this type of servic because you have not been asked to.

Special Compounding

The physician appreciates the speci compounding that he can request withi the hospital for his inpatient use. does not limit his practice to the pro ucts which are manufactured by t drug suppliers.

This you can do for the outpatient well as the hospital pharmacist, b you may need considerably more equi ment. If this service should not be pr vided by the hospital pharmacist, th who will provide it? Are you able take the time, compound all of the items and provide them?

Frequently you can, but somehow physician doesn't ask you because he used to getting this service for his h pitalized patients and expects it to extended to his patients dischar from the hospital or his outpatients

The physician's basic rights incl diagnosing the patient's condition prescribing the treatment that he wants.

Free Right

The physician must have the free right to choose the therapeutic agent for his outpatients; the outpatients must have the free right to choose his pharmacist as well as his physician.

I have been asked to mention the difference in prices of purchasing drugs for hospitals as opposed to private drug stores. These will vary considerably with individual companies; there can be a difference of 10, 15, or 20 percent from some pharmaceutical manufacturers that may sell direct to hospitals.

There are other companies that have a minimum dollar shipment, and, if your credit is good, you can buy at net quantity prices the same as a hospital, provided you buy the same quantity.

I am in no way going to defend the pricing systems used by drug manufacturers and suppliers.

Most Hospitals

Generally, let me say that I will admit that most hospitals, if they have an adequate pharmacy program, probably can buy many items at a reduction from the price that you pay for the arge volume items. Items that hospitals purchase from the drug wholesalers would be the same price.

Another Subject

Now I wish to bring another subject o you.

There are many hospitals across the United States that do not have pharmacists. Approximately 55% of the hospitals in the United States have socalled drug rooms under non-pharmacist supervision. A majority of these are in hospitals of less than 100-bed capacity, in other words, small hospitals.

There are also many nursing homes in the United States. In 1964 there are approximately 295 nursing homes in Maryland. The large increase in the number of nursing homes in Maryland

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leaves an area in which we may all serve.

I want to go into this a little more thoroughly. There is much more to servicing a hospital for its drug and pharmaceutical needs than merely the filling of a prescription or supplying a bottle of drugs.

The pharmacist "whether he is on a full time or part-time basis should be in charge of the total pharmacy service of that hospital and administratively responsible to an officer of the hospital.

Within this framework he should be responsible for the policy and procedures for the requisitioning, purchasing, storage, labeling, distribution, compounding, and dispensing of drugs.

Responsibility

His responsibility should also encompass inspection and control of drugs throughout the hospital, serving as a consultant to the medical and allied staffs on matters pertaining to drugs, and performing his duties as a member of the hospital's Pharmacy and Therapeutics Committee.

Providing for the safe distribution of drugs twenty-four hours a day is also part of his responsibility. This concept of total pharmacy service is quoted from "Mirror to Hospital Pharmacy."[2]

Need Help

I mention this because many hospitals desperately need your help. Many of you that fill prescriptions for patients in small hospitals may not have even given total pharmacy service a thought.

However, it is a service that I feel you should provide. It will take time and effort to develop it.

A Quote

I want to quote to you from a speech given by Mr. Ed Peterson of Faribault, Minnesota who is a community practitioner operating the Payant Drug Company of that city.

Mr. Peterson serves as a part-time pharmacist for the pharmacy program of a seventy-bed hospital. I quote from Mr. Peterson's talk to the University of Minnesota, 24th Annual Continuation Study Course in Pharmacy given in February 1964, "What can a Community Pharmacy Contribute to a Health Institution by Affiliation?"

> *"In a typical institution of one hundred beds or less, such as we are discussing, by spending 1 to 3 hours daily he can contribute to a clean, correctly stored, controlled drug inventory, a realistic pricing policy for these drugs; a ready source of information about these drugs; specific assignable responsibility for all policy and procedure relative to these drugs; and determine if there is pilferage of these drugs.*
>
> *By his presence, he assumes the responsibility for drug management that would otherwise be vested in non-pharmacy trained personnel and free such personnel to best serve the institution in their trained capacity."*

Let me quote further:

> *"What can affiliation with a health institution do for the community pharmacist?*
>
> *First of all, for his services, he should be remunerated on a direct monetary basis so there is economic gain to be had.*
>
> *It will probably be true that the hospital will only be willing and abl to pay you some part of what yo are able to earn pursuing your regular endeavor, but perhaps by a affiliation your store could add tha extra one-half pharmacist you hav been needing or maybe you coul better utilize the time of those pharmacists you might now have.*
>
> *Hospital affiliation adds anothe facet of pharmacy to the communit image of the profession and migh be the means of attracting th high school graduate to the professio*

who has not been tempted by retail exposure or by the detail man who might live next to him.

Hospital affiliation broadens the stores' preceptor training program. Affiliation means exposure to the latest in hospital techniques and treatments as well as hospital drugs. It means exposure to current hospital thinking regarding all aspects of pharmacy, including retail.

Affiliation provides the best possible chance to air intra-professional differences, correct inequities, and to inject your own practical ideas.

Affiliation provides an opportunity in which to tell the wonderful story of pharmacy to the other members of the health team.

It provides another way to possibly stand a little taller in your town. And finally, it is an opportunity to practice our profession in direct support of the critically ill."

Offers Service

I have quoted from Mr. Peterson's speech because he is a community practitioner who is offering this service and I, as a hospital pharmacist, am asking that you attempt to help a hospital in your area, if there is one without a pharmacist.

If you need help in this effort contact the American Society of Hospital Pharmacists and they will send you information and material.

There are a number of hospitals in Maryland who do not have the benefit of a pharmacist's service but their patients are entitled to proper professional care.

Discussion

What have I discussed with you?

I have discussed outpatient prescriptions, and this is not an area in which we can reach a decision today. However, I have attempted to tell you that I do not think that we can just ban outpatient prescriptions.

I think that in many cases outpatient prescriptions are a necessary function that the hospitals will be required to provide.

Prescriptions for the indigent or partially subsidized patients cannot be easily shifted to the community pharmacist. Many areas do not have a proper welfare organization and therefore you would not be reimbursed.

You cannot expect the hospital to fill only precriptions for indigent patients because the hospital needs the income and patients should not be denied their choice of a pharmacist.

The private patients seen by the physicians within the hospital do tend to offset some of the drain on the hospital subsidized patients.

Recommendations

The American Society of Hospital Pharmacists recently published the "Mirror to Hospital Pharmacy" which contains many findings and recommendations.

One such recommendation concerns the dispensing by hospitals of prescriptions to hospital outpatients.

I would like to quote:

"It is recommended that a commission broadly representative of the profession study the effects the dispensing of prescriptions to indigent and non-indigent outpatients has upon pharmacy as a profession including (1) the role of the hospital pharmacy as an integral unit of essential patient service, (2) the need of the public to have its medications dispensed by pharmacists, (3) opportunities for professional practice in community and hospital pharmacy, (4) the effect the number of community pharmacies and hospital pharmacies has on opportunities for professional practice, (5) the effect upon the profession of the establishment of pharmacies in physisians' office buildings located near the hospital and how these effects differ according to the status of the pharmacist-manager, i.e., hospital employee, corporation employee, or owner and

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(6) legal statutes, opinions, and other implications of the law as it affect outpatient dispensing."

Strongly Concur

As President of the American Society of Hospital Pharmacists, I strongly concur in this recommendation and will do all in my power to receive the American Society of Hospital Pharmacist's Board of Directors approval for the establisment of the Commission.

I have discussed the issue of nonproprietary named drugs versus the issue of another brand of the exact and identical drug.

I stated the brand name of the drug is not so important to me; it is the company's name and their control department which stands in back of the product regardless of how the drug is named.

No one can convince me that a product sold by a nonproprietary name which was manufactured by Merck, Sharp & Dohme; Lederle; Abbott; or E. R. Squibb, is not of the identical high quality as their brand name products.

Obviously, they are of the same quality. Therefore, it is the company's name that is important.

Best Interests

It is not in the best interests of the patients to always buy the cheapest drug, but it is not always best to buy the highest priced drug and assume that it must be better.

Dr. Gerhart Levy of the University of Buffalo has shown that even the best brand name drugs are not always the best formulated; that you can make a good quality drug which passes all of the official tests and yet it is not always properly absorbed and assimilated by the body.

Many Aspects

There are many aspects of drug formulation and particle size which need further research.

I reported to you that in many cases the hospital pharmacist does have a very close working relationship with the physicians which is in the best interest of the patients.

The Pharmacy and Therapeutics Committee work brings the pharmacist into a very close and effective working relationship with the physician. Reports of clinical evaluations of drugs presented to the Pharmacy and Therapeutics Committee of the hospital bring the physician and pharmacist into working team.

If the medical staff has received goo results with brand X of a drug, is thi bad? Is it wrong if this source supply is approved by the Pharma and Therapeutics Committee and th staff? Is this denying the physicia a right?

No, it is providing him with clinicall effective drugs.

Is it denying the pharmacist a right No, it is not denying that pharmacist right.

Formulary System

The formulary system for the use drugs is a system which is essential the rational use of drugs. It is a to established by the Pharmacy a Therapeutics Committee to systemati and organize a rational drug progra for patients within the hospital.

Because the pharmacist practicing the hospital may have a differe working relationship with the phy cian, assists in nursing education, member of the infections committee the sterilizing committee, this should upset you and cause you to say t this gives him an unfair advanta

He is still a pharmacist and wh ever this pharmacist does to raise professional prestige of the profess in the hospital or in the Univers it helps to raise the standards and image of pharmacy everywhere.

---

[1] Guiding principles on the opera of the Hospital Formulary Syst

[2] Mirror to Hospital Pharmacy, Francke, et al, American Societ Hospital Pharmacists, 1964

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Volume 23 DECEMBER 1964 No. 2

Presidents Ball—Ladies Night Party

The annual Presidents Ball - Ladies Night Party was held on Saturday, November 7, 1964 at the Holiday Inn, Pikesville, Maryland. A large crowd of over 125 members, guests, pharmacists and friends of TAMPA, attended the gala affair.

President Al Callahan announced that Mr. & Mrs. Archie Dewing, their daughter and granddaughter; Mr. & Mrs. Frank Balassone, Chief of Drug Control, Maryland State Health Department, and Mr. & Mrs. Nathan Gruz, Executive Secretary of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association, were guests of TAMPA.

Cocktails were served from 6:00 to 7:00 P.M. A buffet dinner and dance followed. Music was furnished by Herman Bloom and his orchestra. All committee reports and business reports were bypassed for the festivities of the night. The "Presidents Ball", as it is known, was enjoyed by all. The amount of "Twisting" and "high stepping" dancing was a surprising climax to a fine, enjoyable evening.

Annual Christmas Party

The annual Christmas Party for the children at Kernans Hospital for Crippled Children was held on December 12th, 1964.

The festive Christmas Party was enjoyed by over 85 children. Mrs. Pruit and Mrs. Smith were in charge of the children and assembled them for the party. The activities were presented b Frank Watkins as Master of Ceremonies. The talented Miss Clair presented a Magician Act.

The children enjoyed ice cream filled Christmas stockings, and orange and apples. The TAMPA members enjoyed the fun more than the childre did, by all reports.

Almost 90 per cent of all diseas germs which cause infection enter th body by way of the hands.

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Baltimore Metropolitan Pharmaceutical Association

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PRESIDENT'S MESSAGE
Baltimore Metropolitan Pharmaceutical Association

As I write what will be my farewell message to you, I stop to review the events of the past year. Despite certain reverses, such as Quality Stabilization, on which we had pinned a great deal of hope, I feel that there is still a ray of hope for independent pharmacy and it all hinges on the word "Unity". If we continue to fight for pharmacy as a profession and refuse to let it be relegated to a secondary status, such as a specialty store in a food market, discount or department store, operated by and controlled by non-pharmacists, we must eventually prevail. There are no doctor stores, dental stores, lawyer stores or other professional services available in food markets—why pharmacies?

Unite—fight—make yourself heard. We can overcome this malignancy crushing our profession.

At our Annual Meeting and Election of officers on December 17th, we heard a number of important reports. A report particularly worth your attention is the report of our Secretary, Nathan I. Gruz, who has pointed up the necessity for unified action by all pharmacists in order to halt the inroads of those who exploit pharmacy to create traffic. I agree that it will be necessary to accept some changes and a little sacrifice today in order to save the profession of pharmacy. Our members will receive the complete text of all reports in the Proceedings Issue of the B.M.P.A. Newsletter.

Legislation is being worked on by representatives of our profession, including men from the B.M.P.A. Support the legislation to upgrade our profession.

In addition, proposed ideas for amendments were presented which woul open active full membership for all pharmacists, whether employer or employee This proposal deserves the full consideration of our members so that we ca have progress toward a united profession.

Sincerely,

IRVING I. COHEN,
President

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The William J. Lowry Alumni Memorial Scholarship Fund

In memory of the late William J Lowry (1876-1963) *who all his life devoted himself to the advancement of the highest ideals and principles of professional pharmacy, an who was one of the moving force responsible for the reorganizatio of the Alumni Association of th School of Pharmacy, University o Maryland, and who served as it first president in* 1926 *and honorar president in* 1959.

The William J. Lowry Alumni Memorial Scholarship Fund has been established by Mrs. William J. Lowry in memory of her late husband who was active in the affairs of pharmacy for 67 years. Mrs. Lowry has provided a sum of money to be invested by the Alumni Association of the University of Maryland School of Pharmacy. The annual income of this fund will be used for scholarships for needy and deserving students at the School of Pharmacy.

The passing on September 29, 1963, of Dr. William J. Lowry, was deeply and sadly felt by his associates and his many friends in pharmacy. He was born in Washington, D.C. on November 4, 1876. His parents were William John Lowry, Sr. and the former Katherine Eugene Button. At the age of six months his parents moved to Baltimore, Maryland where he spent his entire life.

Education

Dr. Lowry attended the public schools in Baltimore, a private church school, the Berlitz School of Languages, the Maryland Institute, and graduated fro the Maryland College of Pharmacy wi honors in 1896, receiving the class pri and the pharmacy prize. When the c College of Pharmacy became a part the University of Maryland, he w given an additional diploma as alumnus of the University.

Dr. Lowry was a registered pharm cist in the State of Maryland. He ser his apprenticeship in the pharmacy J. Fuller Frames (Gay and Aisqu Streets), and was later employed the W. M. Fouch Pharmacy (No Avenue and Charles Street), and establishment of Croft and Conlyn.

Long Career

Early in his career, Dr. Lowry employed by the Burrough Brot Manufacturing Company for a perio approximately 10 years. He left organization to supervise the manu turing operation at Gilbert Brot and Company. Later, he helped organize the firm of Yager Linin Company as its president. Shortly be his retirement, Dr. Lowry operated the laboratory of the Loewy Drug Company. Also, at one time early in his career, ne lectured on pharmacy at the Wom- n's Medical College.

Author of Papers

Bill Lowry, as he was known by his many friends, was probably the second oldest living graduate of the old Mary- and College of Pharmacy, and spent his adult life in matters dealing with pharmacy, as well as civic affairs.

He was the last member of The Pharmaceutical Journal Club of Balti- iore, organized by the late Henry P. ynson. At the meetings, members of ne club often presented original papers elated not only to pharmacy proper, but lso chemistry and commercial interests. ne paper which received special men- on was the following: "Blaud's Mass," Disintegration of Tablets," W. J. owry. This paper created quite a gen- al discussion and won the Merck ize at a meeting of the Maryland harmaceutical Association. The Phar- aceutical Journal Club was the prede- ssor of the Baltimore Branch of the merican Pharmaceutical Association ormed in 1900), and Dr. Lowry was e first secretary of the branch.

Life Members

Dr. Lowry was a life member of the Ph.A. and was closely associated with e Baltimore Branch since its forma- n. He was appointed an alternate legate from the local branch to the nual convention held in Philadelphia, ptember 14, 1926. At the Founder's y Observance (100th anniversary) of A.Ph.A. celebrated on October 7, 52 at the School of Pharmacy, Dr. wry gave a very interesting and tertaining account as to what had ken place within the Baltimore anch during a fifty year period. This rtion of the program was well re- ved by the audience and he was one two members called upon to extin- sh a birthday cake lighted with one ndred candles.

Other Organizations

Dr. Lowry was Secretary-Treasurer of the Baltimore Veteran Druggists' Association for a period of 12 years. This group was organized September 10, 1926 at the old Hotel Rennert. The membership consists only of those who have had at least 25 years experience in pharmacy or some activity closely related to it. At the time of his death, Dr. Lowry was the First Vice-President of this association.

Until his retirement, he was Secretary of the Baltimore Drug Exchange, and a member of its very important committee on legislation.

Dr. Lowry was Second Vice-President of the Maryland Pharmaceutical Association (1909), and Past President of both the Windsor Hills and the Garrison Boulevard Improvement Associations in Baltimore.

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NEWS ITEMS . . . . . .

Swain Pharmacy Seminar

THURSDAY, MARCH 4, 1965

Chairman Irving I. Cohen announced that the program for the 5th Annual Robert L. Swain Pharmacy Seminar, sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy, has been completed. The seminar will take place on Thursday, March 4th, at the Health Sciences Library Auditorium of the University of Maryland, Lombard and Green Streets, Baltimore.

The program, featuring distinguished experts in their fields, are:

Dr. R. H. Blythe, Director Pharmaceutical Research, Smith Kline & French Laboratories - "Development of a New Product from Idea to Market"; Dr. Arthur L. Haskins, Professor & Head Department Obstetrics & Gynecology, University Hospital - "Chemical Control of Ovulation"; Dr. Lewis Lasagna, Johns Hopkins School of Medicine - "The Implications of Pharmaceutical Formulation for Clinical Medicine"; Dr. Rodger D. Reid, Director, Biological Science Division, Office Naval Research - "Mibrobiology & Antibiotics".

All pharmacists and members of the allied health professions are invited to attend. Registrations should be mailed to the Maryland Pharmaceutical Association, 650 W. Lombard St., Baltimore, Md. 21201.

Pre-Registration Fee - $5.00 per person - includes parking, lunch, attendance certificate. (You may register at the time of the Seminar but Parking Facilities are provided only for those who Pre-Register. Fee as above.)

Partial Registration Fee - $3.00 per person - You may attend either the morning or afternoon session for a fee of $3.00. This includes Parking for those who pre-register only, but does not include lunch and the Attendance Certificate.

Pre-Register and avoid standing in line and parking inconvenience. All tickets will be mailed prior to the Seminar.

National Pharmacy Week

The winners in the Maryland Pharmaceutical Association window displa contest were:

First Prize—Morris L. Cooper, Cooper's Drug Store, Baltimore

Second Prize—Aaron M. Libowitz Libby's Rexall Pharmacy, Baltimore

Third Prize—John Thomas, Thoma & Thompson, Baltimore

In the Baltimore Metropolitan Pharmaceutical Association contest fo pharmacies in the greater Baltimor area who have not won an award withi 5 years, prizes were won by:

First prize—Aaron M. Libowitz, Lil by's Rexall Pharmacy

Second Prize—John Thomas, Thom & Thompson

Third Prize—Jerome A. Stiffma Edison Pharmacy

The judges were: Dr. Benjamin All Associate Professor of Pharmacy, U versity of Maryland School of Ph macy; Miss Howard Hubbard, Chief Public Relations, Enoch Pratt F Library, and Mrs. C. Fenton Harris Chairman Public Education, Maryla Division, American Cancer Society.

Window streamers were furnished members of the M.P.A. and B.M. and encouraged to enter in the disp contest. The beneficial effects of a p fessional window display make ev pharmacist a winner. This excell personal public relations program backed up with radio and televi programs and proclamations by G ernor Tawes, Mayor McKeldin of I timore and others.

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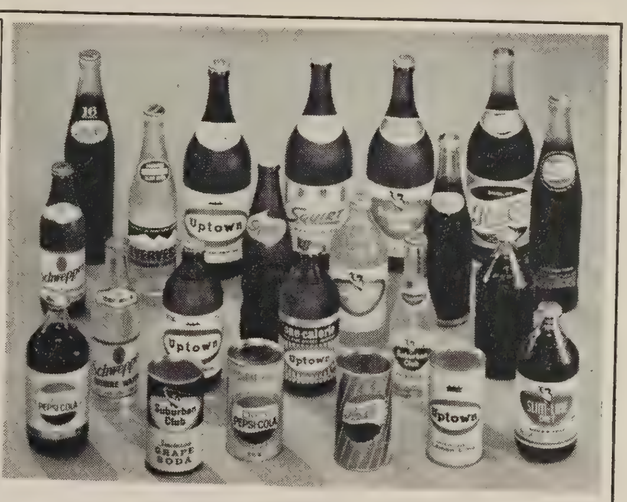

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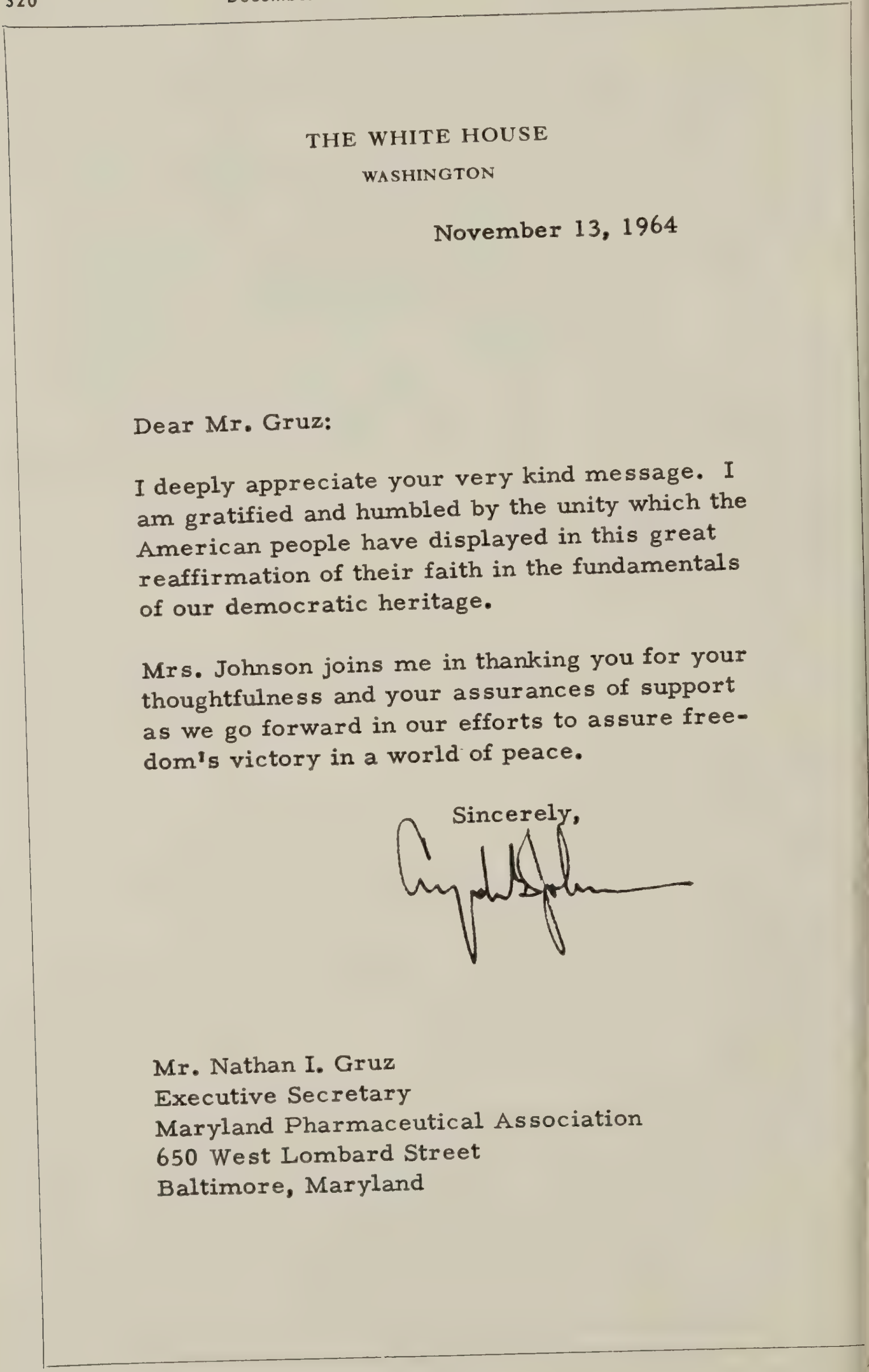


THE WHITE HOUSE
WASHINGTON

November 13, 1964

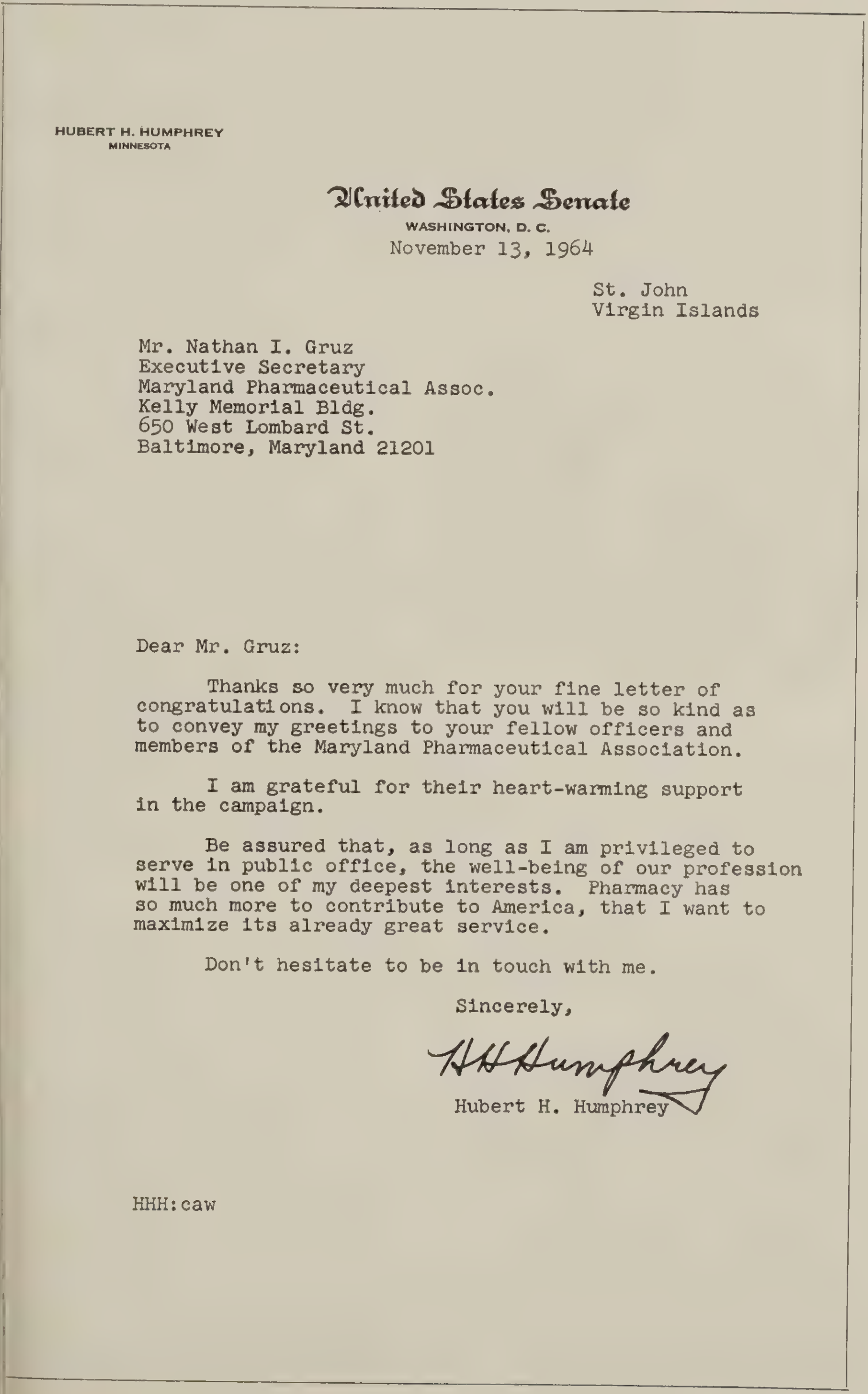
Dear Mr. Gruz:

I deeply appreciate your very kind message. I am gratified and humbled by the unity which the American people have displayed in this great reaffirmation of their faith in the fundamentals of our democratic heritage.

Mrs. Johnson joins me in thanking you for your thoughtfulness and your assurances of support as we go forward in our efforts to assure freedom's victory in a world of peace.

Sincerely,

Mr. Nathan I. Gruz
Executive Secretary
Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore, Maryland



HUBERT H. HUMPHREY
MINNESOTA

United States Senate
WASHINGTON, D. C.

November 13, 1964

St. John
Virgin Islands

Mr. Nathan I. Gruz
Executive Secretary
Maryland Pharmaceutical Assoc.
Kelly Memorial Bldg.
650 West Lombard St.
Baltimore, Maryland 21201

Dear Mr. Gruz:

Thanks so very much for your fine letter of congratulations. I know that you will be so kind as to convey my greetings to your fellow officers and members of the Maryland Pharmaceutical Association.

I am grateful for their heart-warming support in the campaign.

Be assured that, as long as I am privileged to serve in public office, the well-being of our profession will be one of my deepest interests. Pharmacy has so much more to contribute to America, that I want to maximize its already great service.

Don't hesitate to be in touch with me.

Sincerely,

H H Humphrey

Hubert H. Humphrey

HHH:caw

Walter E. Albrecht

Honorary President, Maryland Pharmaceutical Association

Walter E. Albrecht, Honorary President of the Maryland Pharmaceutical Association and member of the Executive Committee, was born in Baltimore March 7, 1903. He attended public schools and was graduated from Baltimore Polytechnic Institute in 1922.

He enrolled in the University of Maryland School of Pharmacy the same year after encouragement from Dr. E. F. Kelly, Dean of the School of Pharmacy and Executive Secretary of the Maryland Pharmaceutical Association. Mr. Albrecht passed the Assistant Pharmacist Board examinations in June 1922 and worked for F. W. Schulte, Jr., Stanley Campbell, Clarence Pross and Donald Shannon.

In 1926 he opened his first pharmacy upon the advice of Dr. Kelly "in a corn field" at Linthicum Heights, Md. He practiced there until retirement. In 1928 he and his brother William opened a second pharmacy in Glen Burnie and a third one in College Park in 1933.

Mr. Albrecht has been serving since February 1949 as a member of the State Council on Medical Care and Chairman of its Pharmacy Advisory Committee.

Since his retirement in 1954, he has been active in many other civic and community affairs. He served for ten years in the Anne Arundel County Welfare Board, as well as the County Library Board, the Board of the North Anne Arundel County Health Center, Friendship Airport Zoning Commission and Airport Board of Zoning Appeals.

He is a past president of the Glen Burnie Rotary Club and is a member of the Masonic Lodge, Scottish Rite Shrine, Shrine Gun Club and Oriole Gun Club. He is an avid hunter and fisherman.

At present he is on the Advisory Board of the Maryland National Bank, Glen Burnie Office.

For many years Mr. Albrecht has served as a member of the Executive Committee of the Maryland Pharmaceutical Association and is also a member of the Baltimore Metropolitan Pharmaceutical Association.

SMITH KLINE & FRENCH, INC. APPOINTS NEW SALES MANAGER

W. James Rice has been appointe Sales Manager of Smith Kline & French, Inc. He joined SK&F Inc. afte serving pharmacies and hospitals in th Midwest and Philadelphia for sixtee years on behalf of Eli Lilly & Co.

A registered pharmacist, he graduated from University of Michigan Co lege of Pharmacy and American Un versity, where he received his Maste Degree in Marketing and Business A ministration.

He is a native of Flint, Michigan, a presently resides in Strafford, Pa., wi his wife and son.

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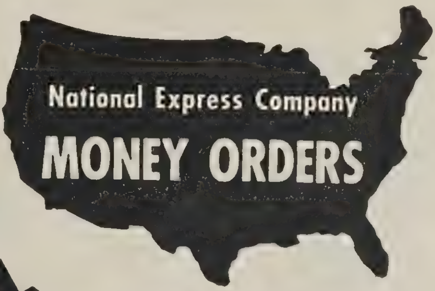
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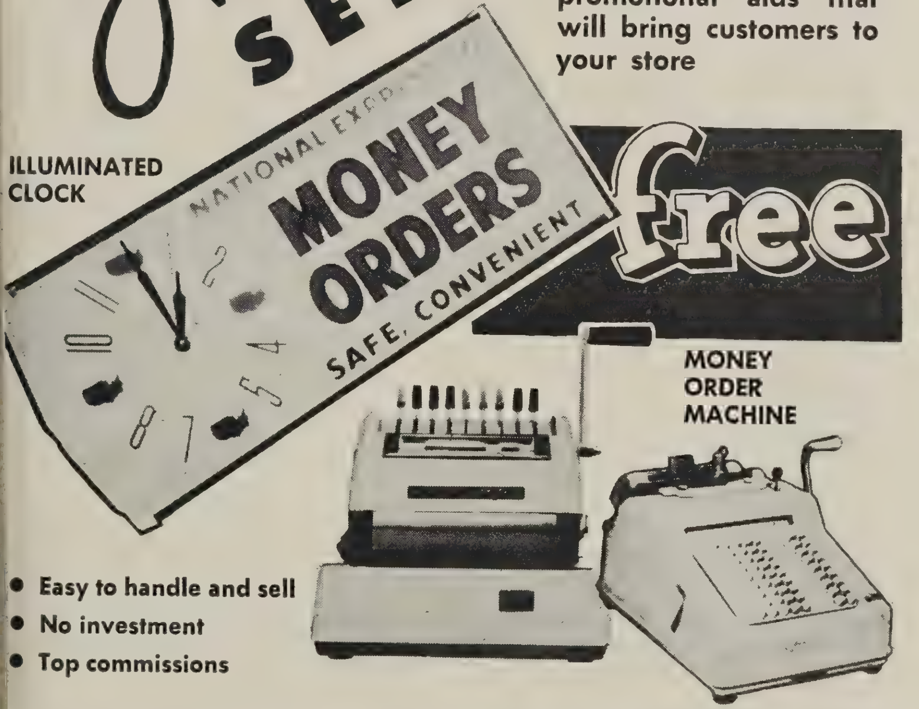
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Joint Maryland Pharmaceutical Association - Baltimore Metropolitan Pharmaceutical A
ciation Booth at the Diabetic Detection Center, Fifth Regiment Armory, November 15
Seated, Dr. A. A. Silver, Chairman of the Diabetes Committee of the Medical & Chirurg
Faculty of Maryland; standing on left, Charles E. Spigelmire, Chairman Public Relat
Committees, and Stephen J. Provenza, Chairman, Professional Committees for M.
and B.M.P.A.

Diabetes Detection Week

The Professional and Public Relations Committee of the Maryland and Baltimore Metropolitan Pharmaceutical Association participated in the observance of Diabetes Detection Week November 15-21. A diabetes detection center for the public was held at the Fifth R
ment Armory, Baltimore, for a th
day period on November 17, 18, and
In 1963 a total of 288 persons die
diabetes in Baltimore, most of t
over 40 years of age. Dr. A. A. Si
Chairman of the Diabetes Comm

r the Medical and Chirurgical Faculty f Maryland estimates that on the basis f national figures of 1,400,000 unnown diabetics in the United States, here are over 7,000 unknown diabetics n Baltimore City, that is, people who ave diabetes and do not know it. Thereore, all persons who are overweight, ver 40 years old or related to known iabetics should be tested for diabetes.

A booth was sponsored at the detecon center by the two pharmaceutical ssociations.

Dreypaks were distributed by pharacies in a number of counties.

The Public Relations Committee anounced that it arranged programs on iabetes on radio, TV and in newsapers.

---

r. Perry F. Prather, M.D. etires as Health Commissioner

Dr. Perry F. Prather, recently retired third Health Commissioner for the ate of Maryland.

A native of Washington County, he ceived his undergraduate education Dickinson College and his doctorate medicine at the University of Pennlvania.

Health Officer

In 1948, he became County Health fficer of Washington County after rking with public health in various rt-time assignments.

In 1952, he was appointed Deputy mmissioner of the State Department Health before taking over the Direc's position on January 1, 1965 (later title was changed to Commissioner).

Editor

r. Prather is a past Editor of **Curt Medical Digest** and a former mem of the Editorial Board of the **erican Journal of Public Health.**

Ie is also a diplomate of the Ameri Board of Preventive Medicine and Fellow of the American College of ysicians and the American Public lth Association.

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November 16, 1964

Mr. Nathan I. Gruz, Secretary
Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore 1, Maryland

Dear Nate:

I am very grateful to you, Aaron, and all of your associates for the courtesies extended to me last Wednesday and Thursday.

It was an extreme pleasure to me to be able to attend your Seminar and meet the folks who were there.

I congratulate you on this event and extend best wishes for continued success in all of your endeavors.

With kindest regards, I am

Sincerely,

J. O. Hubbard, Jr. (sgd)
Managing Director

3,000 to Converge on Detroit For Annual Meeting

In two months, 3,000 pharmacists and their guests from all sections of the country and all types of practice, will converge on Detroit for the 112th annual meeting of the American Pharmaceutical Association, and affiliated and related organizations.

During the week of March 28 to April 2, professional, educational and research problems and programs, award presentations, educational exhibits and a variety of social gatherings will highlight the professional pharmacy meeting of 1965.

Most meetings, exhibits and the registration will be held in Cobo Hall, Detroit's $55 million convention center covering 17 acres of land and overlooking the Detroit River and Windsor.

The opening General Session will be held Sunday evening, March 28, following a special performance by the world-famous Varsity Glee Club of Purdue University. A reception honoring APhA President and Mrs. J. Curtis Nottingham will climax the evening.

The first meeting of the APhA House of Delegates will be Monday afternoon, with reports by House Chairman Linwood F. Tice, Treasurer Hugo H. Schaefer, and Executive Director William S. Apple.

Then, the delegates will have an opportunity to discuss specific committee reports during four separate concurrent Reference Committee meetings. Reference Committee meetings wil be open to all APhA members who ma wish to attend.

On Monday evening, all registrant will be treated to a special concert b the world-famous Detroit Symphon Orchestra, now celebrating its Golde Anniversary season. The concert, entitled "Adventures in Music," will b in the Henry and Edsel Ford Auditorium. Conducting will be Sixteen Ehrlin who has won acclaim from audienc and critics. An added feature of th concert will be Mischa Kottler, one the country's foremost pianists.

On Tuesday morning, March 30, th House of Delegates will hold an executive breakfast session to receive resum of the four Monday afternoon Refe ence Committee meetings. Members the House will receive tickets to th breakfast in their delegate kits.

Wednesday afternoon will be devot exclusively to a General Session featu ing some of the nation's outstandi speakers. The annual banquet will co vene Thursday evening, April 1. T final House of Delegates meeting a the concluding General Sessions scheduled for Friday morning, April

The 1965 event will be anotl streamlined APhA annual meeting. S sions of the APhA sections have be correlated with the sessions of the aff ated and related organizations.

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3rd Simon Solomon Pharmacy Economics Seminar, Nov. 12, 1964

MANAGEMENT, SELLING AND PROFITS highlighted the Simon Solomon Pharmacy Economi
Seminar. Playing major roles in coordinating the program are from left, Donald B. Reynold
N.A.R.D. Director of Merchandising; Solomon Weiner, president, Maryland Pharmaceutic
Association; Aaron M. Litbowitz, Seminar chairman; Nathan I. Gruz, executive secretar
Maryland Pharmaceutical Association; and Joseph Cohen, N.A.R.D. Director of Profession
Services.

PARTICIPANTS ON THE MANAGEMENT PANEL OF THE SIMON SOLOMON PHARMA
ECONOMICS SEMINAR sponsored by the Maryland Pharmaceutical Association, N.A.
and the Small Business Administration were, from left, Donald B. Reynolds, N.A.
Director of Merchandising; Simon Solomon, guest of honor and leader in Maryland p
macy; Aaron M. Libowitz, Seminar chairman; Meredith R. Hoffmaster, manager, Baltir
office of the S.B.A.; Jack L. Levin, Shecter & Levin Advertising Agency; and Ric
Sanzo, vice president Dun & Bradstreet.

"CREATIVE SELLING AND SALES TRAINING" was the theme of this panel on the Simon Solomon Pharmacy Economics Seminar held in Baltimore November 12. From left are I. Earl Kerpelman, Salisbury, Md.; Victor H. Morgenroth, Jr., Baltimore; Aaron M. Libowitz, Baltimore; Marvin Freedenberg, Hyattsville, Md., and Carl E. Bain, Richmond, Va. All are community pharmacists.

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Pharmaceutical Industry Maligned And Misunderstood

Bank Asserts Lack of Recognition of the Pharmaceutical Industry's Vital Role is Threat to the Future

In a publication issued December, 1964, Empire Trust Company, New York, pointed out that lack of understanding of the pharmaceutical industry's contributions to the national welfare and prevailing antipathetic attitudes in legislative circles jeopardize both the public interest and the pharmaceutical industry's future.

The bank's Newsletter said, "The U.S. pharmaceutical industry has become the subject of attack and rebuttal, claim and counter-claim, to an extent perhaps unparalleled in the recent history of any other American industry. As a result, the industry's magnificent achievements, its monumental role in the prevention, cure and alleviation of disease, have become obscured in the public mind."

The U.S. pharmaceutical industry's problems are complex, the Letter states, and it is essential that they be recognized and appreciated—not only by legislative and regulatory bodies, but by the public in its own interest. The Letter also details the industry's vast investments in research and the resulting health benefits to the nation and to the free world.

"But the pharmaceutical industry cannot continue to make its vital contributions to the conquest of such critical problems as cancer, heart disease, geriatric ailments and mental health if it is hobbled by purely political or vindicative regulations.

"The industry today does more for the health and welfare of mankind than does any other industry in the world," the Letter states, and cites a spectrum of supporting statistics.

For example, twenty-five years ago, New York City reported over 12,000 cases of whooping cough with 105 deaths. Last year there were 212 cases—deaths, none. In 1935, 70,000 Americans died of tuberculosis; in 1963, 9,311. Furthermore, in the 25 years between 1935 and 1960, prescription drugs saved the lives of two million working-age victims of only four 'killer' diseases—pneumonia, influenza, tuberculosis and syphilis.

Referring to so-called 'tranquilizer' drugs, the bank's Letter notes that "today there are 54,000 fewer patients in state and local mental hospitals than there were in 1955, the peak year."

These miracles, the Letter notes, have been achieved at vast cost in time and money. "Out of every 2,500 - 3,500 compounds originally synthesized, only one survives to reach us as a safe, effective prescription drug.

"U.S. drug manufacturers reinvest the equivalent of half their profits—after taxes—in research and development. Unlike such industry catetgories as Aircraft and Missiles, or Electrical Equipment and Communications —where research is for the most part financed by government funds—pharmaceutical research is underwritten almost entirely by the industry itself."

Alumni Association University of Maryland, School of Pharmacy

The Alumni Association of the University of Maryland School of Pharmacy sponsored a barn dance for i annual Fall Frolic on December 3rd a Randallstown Hall, 9000 Liberty Roa

The students were the guests of th Alumni Association.

The committee in charge consist of: Harold P. Levin, Chairman; Robe J. Kokoski, Phillip P. Weiner, Sam Goldstein, Herman Bloom, Milton Friedman, and John F. Fader II.

The Maryland Blue Cross Plan ran fourteenth in size among the 77 Pla across the nation.

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Committee on International Drug Standards Reactivated

The release of a draft of the forthcoming Second Edition of the International Pharmacopoeia has been the occasion for reactivating the U.S. Committee on International Drug Standards.

The International Pharmacopoeia is produced by the World Health Organization for two purposes: (a) to encourage greater uniformity in the standards for purity and potency of drugs internationally, and (b) to provide such standards for use by nations that do not have a national pharmacopoeia. Since nations in the latter category vastly outnumber the few countries which maintain an up-to-date pharmacopoeia and furthermore generally depend upon imported drugs, the Ph.I standards are of particular interest to all who are engaged in exporting drugs.

Those wishng more specific information are invited to forward their questions to Dr. Feldmann, the committee secretary, at 2215 Constitution Avenue, N.W., Washington, D.C. 20037.

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Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

Employees' Prescription Plan

Schering Corporation has announced an internal product plan which will mean increased business for pharmacies in areas where the corporation's personnel are located.

The plan, which takes effect in December, has three purposes: it makes Schering and White Laboratories prescription products available to all employees at all times; it ensures a distribution control which meets all legal requirements on the distribution o such products, and it increases pharmacy business at the local level.

Under this plan all employees o Schering and its subisidiaries will have their prescriptions for the company' products filled by their local pharmacist. The employee will pay the retai price to his pharmacist and send receipt of payment to the company fo reimbursement.

OBITUARIES

HENRY H. GOLDSCHEIDER

Henry H. Goldscheider, 71, retire vice president of the Meadow Gol Ice Cream Company, died Decemb 18th at the Johns Hopkins Hospital.

Born and educated locally, Mr. Golc scheider joined Meadow Gold as salesman in 1926, the year the con pany was founded.

Two years later he was promoted Sales Manager, and in 1932 he w named vice president of the compan Baltimore operations.

In 1959, he was named vice preside of both the Baltimore and Washingt plants of the company.

After his retirement in 1962, he w retained in an advisory capacity.

An associate member of the Mar land Pharmaceutical Association, was also a member and past preside of TAMPA. A Navy veteran of Wo War I, he was a member of the Ame can Legion Maccabean Post No. 32.

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also belonged to the Oheb Shalom Congregation and the Arex Club.

He is survived by his widow, Hilda, a nephew and a niece.

FRANK J. GREGOREK

Frank J. Gregorek, 49, a former hospital pharmacist at Johns Hopkins Hospital and chief pharmacist for 8 years at Union Memorial Hospital until his retirement earlier this year, died December 14th.

He graduated from the University of Maryland School of Pharmacy in 1938 and was a member of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

Surviving him are his widow, Frances, and a daughter, Rosemarie.

MISS JANE C. COOPER

Miss Jane C. Cooper, 90, the first woman graduate of the University of Maryland School of Pharmacy, died December 20th in Chestertown, Maryland.

Miss Cooper, who graduated in 1902, served for many years as pharmacist at Church Home and Hospital and Union Memorial Hospital.

She is survived by a brother, Braney R. Cooper, of Miami, Fla., and two sisters, Miss Emma C. Cooper, of St. Michael's, Md., and Mrs. Julia M. Matthews, of Worton, Md.

JESSE C. BANKARD

Jesse C. Bankard, 79, retired relief pharmacist in the Baltimore area, died November 29th at Union Memorial Hospital.

He is survived by his sister, Mrs. Adyth B. Alexander, and niece, Miss Erma B. Alexander.

DR. MELVIN D. KAPPELMAN

Dr. Melvin D. Kappelman, 49, who had maintained a practice in obstetrics and gynecology since 1946, died December 26th at Sinai Hospital.

He was a 1932 graduate of Baltimore City College, a 1936 graduate of the University of Maryland School of Pharmacy and a 1939 graduate of the University of Maryland School of Medicine

He is survived by his widow, Harriett and two sisters.

HARRY J. PAUL

Harry J. Paul, 72, a retired Baltimore and Washington pharmacist, died December 9th.

Mr. Paul had owned two pharmacie in Washington, D.C. for twenty year prior to operating pharmacies at Calvert and Thirtieth Streets and Paul' Pharmacy on Harford Road.

Surviving are his widow, Ruth; daughter, Mrs. Betty Fenters, and si grandchildren.

DAVID SHERRY

David Sherry, 54, a pharmacist associated wtih People's Drug Stores o Washington, D.C. died suddenly December 4th.

He graduated from Baltimore Cit College in 1928 and from the Colleg of Pharmacy at George Washingto University.

Mr. Sherry was a registered pharmacist in Maryland and the Distric of Columbia.

He is survived by his widow, Ann a son, Mark; a sister and two brother

ALFRED FEHLER

Alfred Fehler, 89, retired Baltimor pharmacist, died December 24th. H attended the old Maryland College o Pharmacy in 1896 and for 33 year owned a pharmacy at Madison Avenu and Biddle Street (now site of new U.S Food and Drug Administration Buil ing). He opened a new pharmacy a 4303 Harford Road in 1932 and retire in 1937 on account of ill health.

He is survived by his widow, Harriet and two sisters, Mrs. Albert Schmi and Mrs. Alfred Kreiling of Sant Barbara, Calif.

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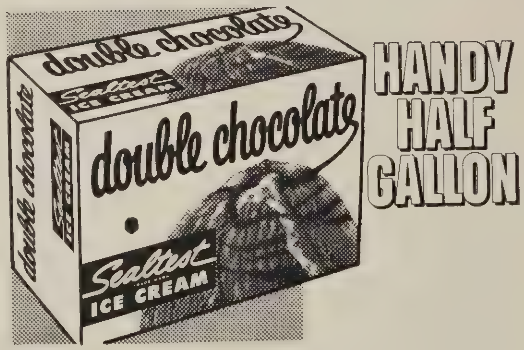
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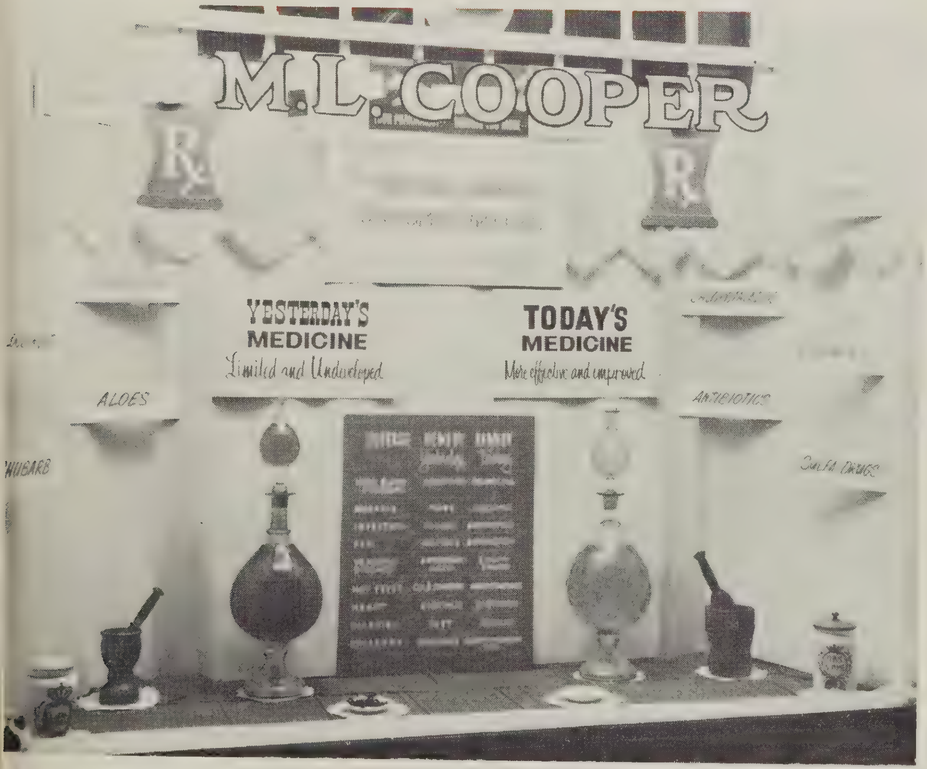
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL JANUARY 1965 No. 4

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HIGHLIGHTS IN THIS ISSUE

Page

Editorial—Pharmacy Personnel 340
President's Message 342
Secretary's Script 344
School of Pharmacy, U. of M., News 346

Contributions:

Applying Effective Management Techniques to Small Business—Richard Sanzo 350
The Small Business Administration and the Retail Pharmacist—Jerry D. Worthy 360

T.A.M.P.A. Tattler 368
B.M.P.A. President's Message 370

News Items

National Pharmacy Week 372
Pharmacy Changes 372
Prince Georges-Montgomery County Pharmaceutical Association 372
Spring Regional Meeting 373
Amendment to Constitution M.Ph.A. 374
Meeting of the Baltimore Veteran Druggists' Association 374
Henry B. Gilpin Company Promotes Three 376
M.Ph.A. Legislative Program—1965 378

Obituaries 386

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President's Message . . . .

Dear Fellow Members:

The Maryland Pharmaceutical Association, through its regional meetings and Convention programs, presents excellent opportunities for all pharmacists to obtain information about current problems.

Regular attendance gives the pharmacist the benefits of programs to further the profession and thereby further the interest of pharmacists.

The forthcoming Spring Regional Meeting at the Washington Country Club on Thursday, April 29th, is another pharmacist-physician meeting. Representatives of the Medical and Chirurgical Faculty of Maryland (the state medical society) will present their views on a number of problems of mutual interest. An open forum discussion will follow.

Invite the physicians in your area to attend and see inter-professionalism in action. Physicians and pharmacists in Maryland can more effectively serve the public by acting together as a harmonious health team.

Looking ahead, the 93rd Annual Convention of the Maryland Pharmaceutical Association will take place June 28-July 1, 1965 at the Hotel Dennis, Atlantic City, New Jersey. Convention Chairman Ogrinz and the various convention committees have arranged an outstanding program.

TAMPA and LAMPA have already completed plans for exciting entertainment features.

Plan now to attend the Convention. In this way you can participate in the deliberations of your state professional society and in the decisions affecting your profession and your future.

I look forward to seeing you next at the Spring Regional Meeting on April 29th.

Sincerely,

SOLOMON WEINER
President

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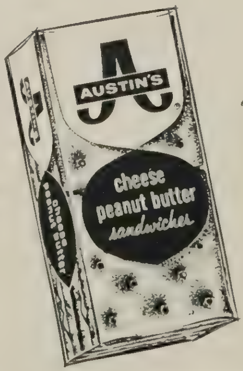

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Secretary's Script . . .

A Message from the Executive Secretary

Your Association is continuing its surveillance of legislation, both state and national, and conveying our views to our legislators. Your Legislative Committee has studied pertinent legislation which has been introduced and has taken appropriate action in the profession's and the public interest.

Most important for today and the future of our profession is medical care legislation. Dozens of bills on this subject have already been introduced into Congress. What the final shape of these laws will be is hard to say at present. It is obvious, though, that legislation will be enacted in 1965 which will expand governmental involvement in all aspects of medical care for the aged, indigent and handicapped.

Our Association has taken the basic position that the interest of the patient, of Pharmacy and of the public, will be best served by a system that assures pharmaceutical services of the highest standards for all. We insist that pharmacy services to non-patients of hospitals will be provided through community pharmacies with free choice of pharmacy to all.

The Spring Regional Meeting on April 29th is important for all pharmacists. In addition to the opportunity for an exchange of views between physicians and pharmacists, there will be a vote on two constitutional amendments. The text is printed elsewhere in this issue.

One amendment will provide for voluntary agreements between the Maryland Pharmaceutical Association and other pharmaceutical organizations in Maryland for "reciprocal membership."

This has been recommended by the Executive Committee as a long overdue step necessary to build a strong organizational structure for pharmacy in Maryland. It is certainly obvious that many pharmacists support only their local or state pharmaceutical group and ignore the other. All pharmacists benefit from the efforts of their local and state societies. It is time that all carried their share of the load. The Eastern Shore Pharmaceutical Society already requires membership in the Maryland Pharmaceutical Association. It is hoped that with passage of this amendment, the other groups in the state will voluntarily set up "reciprocal membership."

Nathan I Gruz

Executive Secretary

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1. Meaningful consumer premiums. (Have you seen our beautiful National Heritage map?)
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3. Up to 52% profit on volume buys.
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i-Daylin has long been a leader in children's vitamins. In the pharmacy. nd in the physician's office. A natural for your store.

Daylin—Vitamins A, D, B_1, B_2, B_6, B_{12}, C, and Nicotinamide. 501199

School of Pharmacy, U. of M., News ......

School of Pharmacy Honor List—First Semester 1964-65

Third Year: David Cohen, Stephen David (Easton, Md.), Richard DeNeale (Washington, D.C.), Jerald Freedman, Arnold Grabush, Meira Shnidman, Henry Stromberger, Patrick Trost (Cumberland, Md.).

Fourth Year: John Dailey (Westernport, Md.), Charles Fleischer, Eugene Johnson, Ronald Lindenbaum, Lawrence Martin, Jack Pincus.

Fifth Year: Robert Brundeire, Richard Cysyk, Mina Frangakis, Gerald Rachanow (Randallstown, Md.), Charles Schutz, Ralph Sollod, Michael Walsh, Cornelius Williams.

Note: Unless otherwise indicated, students are from Baltimore.

Joint Student Branch—A.PH.A.—M.P.A.

The following report was submitted by Michael Walsh, Secretary of the Joint Student Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association of the University of Maryland School of Pharmacy.

Minutes of the APhA-MPA Student Branch; 12/8/64

Date: December 8, 1964

Time and Place: 1:00 p.m., Room 1, School of Pharmacy

Speaker: Dr. Thomas J. Macek, Director of Pharmaceutical Research & Development, Merck, Sharp & Dohme

Topic: Opportunities for Pharmacists in the Pharmaceutical Industries

Summary:

Opportunities are available in four general areas: Research, Production Management, Sales and Marketing.

Research

1. Industry must first get ideas—
   Economic Research — looks for markets not adequately fulfilled either therapeutically or economically
   Library staff explores the literature
   Ingeniousness of hired PhD
   (Merck research budget for 1963—$25 million.)
2. The method of research—
   Literary review on the subject to see what has previously transpired
   The research is departmentalized to bring to bear the talents of experts in various disciplines
      Literature Review — Library scientist
      Synthesis—Chemist
      Evaluation—Biologist
      Safety—Toxicologist
      Properties and Formulation—Pharmacist
      Clinical Evaluation — Physi-
      cian
3. The Pharmacist—
   He investigates the compound a
   to solubility, bulk, particle siz
   whether it is hydrated or no
   if it is crystalline or amorphou
   and its stability
   Further, he investigates the fo
   mulation characteristics, ster
   lization, and the problems i
   volved in scaling the process u
   to the size adequate for pr
   duction.
4. Merck has five main process d
   visions: Tablets and Capsul
   Topical Preparations (Ointmen
   aerosols); Suspensions and Em
   sions; Solutions and Parenter
   and Formulation Research (
   netics and Rates of Solution).
5. Analytical Research—to insure
   tency and to perfect stability d
   criminating assay techniques.
6. Container research — incompa
   bilities and storage.

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MU lberry 5-3800

7. Government liaison—to adequately meet new FDA requirements, and to compile and coagulate the voluminous data needed for IND Applications. The main objective is to scrutinize the assay methods and quality standards.

Production—four main areas

1. Planning — to develop facilities, schedules and time tables.
2. Manufacturing and Packaging it.
3. Inspection — "quality auditors." These report to the director of quality control.
4. Quality control—store on shelf in final package and check stability; or they purchase ones on the market. It takes on the average of 4-6 months to reach consumer.

Marketing and Sales

Economic Research—collect data on economic trends in the prescription business.

Planning of methods of presentation to the health professions.

Professional service representatives—

1. call on general practitioners
2. specialists for hospitals
3. specialists for dermatologists

Management—heading and overseeing the various production and research teams to insure schedules are met.

MPhA Life, Your Insurance Plan

MPhA Life is no new or untried plan of life insurance. It is underwritten by The Minnesota Mutual Life Insurance Company, an old-line legal reserve insurance company, founded in 1880, and with insurance in force totalling $4 billions. MPhA Life is a counterpart of the life insurance plan of American Pharmaceutical Association, and is modelled after "PAD" Life, the plan of Phi Alpha Delta, the national fraternity of lawyers. For complete details and an application, phone or write Bob Bischoff, MPhA Life Administrator, 2215 Constitution Avenue, N. W., Washington, D.C. 20037. (Area Code 202/628-4410).

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Contributions . . . . . .

Applying Effective Management Techniques To Small Business

Richard Sanzo, Vice President,
Dun & Bradstreet, New York

Presented at the Third Simon Solomon Pharmacy Economics Seminar of the Maryland Pharmaeutical Association, November 12, 1964

You can find out how to succeed in business without really trying by going to a musical comedy. To succeed by really trying takes a little more effort. And sometimes, the effort results in failure. What makes a drug store fail or succeed? What can we learn from either?

An interesting question—but to be fair about it, we must first find out how many of them fail; and for that matter, how many succeed?

The truth of the matter is that a great many pharmacies are neither success or failure. Many are content to go along from year to year in a kind of twilight; content to go on with the same old fixtures, the same old customers, the same old window display, and the same old lack of growth.

One typical such store is located on the fringe of a suburban area. His store occupies part of a triangular corner formed by the separation of a main avenue into two diverging streets. The result is that his store has two sides. One is a small window containing a faded display of cough syrup and sundry toiletries, and these certainly have not been moved, much less changed in the past five years.

The second side of the triangle is something which, with a little imagination, could have been made into a handsome exhibit of glass and lighting. Instead, it is a shabby vista of clapboard, and I doubt that even this has been painted in the past ten years.

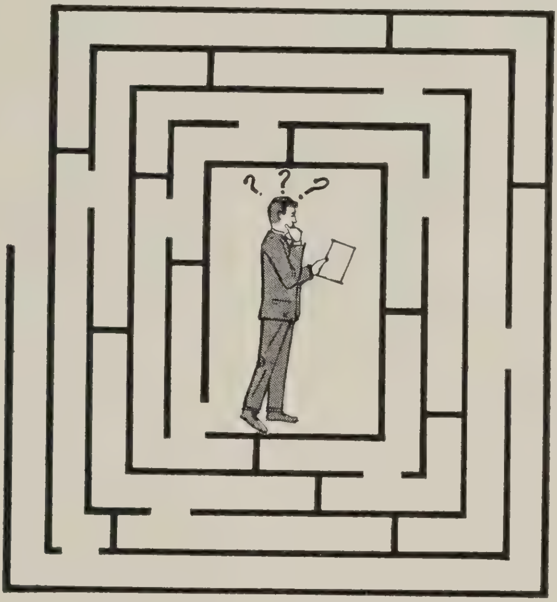
Inside, the store presents a study in disorganization, without any visible pattern attempting at orderly merchandising. The store hours are always a little uncertain. As for the proprietor, he is a study in lackadaisical behavior. This owner makes no visible effort to promote or stimulate business, and his general attitude toward the trade appears to be one of easygoing indifference.

Everything about this pharmacy — that is, the lack of pride in appearance, the indifference in motivation, the frequent scarcity of customers in the store —suggests a marginal operation. Up till now, it has been getting by. One wonders what will happen in two or three years, because the neighborhood is beginning to change racially, and income-wise.

Will lower income families look t
non-neighborhood mass merchandisers
to supply them with low cost prescriptions and pharmaceuticals? If so, wil
this druggist have the flexibility, th
adaptability, the motivation, to star
anew elsewhere? Or will he simply become a failure statistic?

Happily, the number of business failures among drug stores is not large
Drug store failures are at the annua
rate of 37 for every 10,000 drug store
in operation. This compares with a
annual rate of 67 per 10,000 stores fo
retail business as a whole. (Incidentally
when I speak of business failures,
am referring to formal bankruptcie
assignments, and other actions whic
result in the closing of a business wit
loss to creditors. I am not referring t
cases in which the proprietor could n
make a go of the enterprise, paid a
bills, and sold or closed out. We simp
do not know how many of the latt
there are).

It is, of course, a fact that the ra
of failure is larger by 90 percent amo
druggists than it was ten years ag
Nevertheless, the trade, up till now, h
had some built-in bulwarks agai
failure. For one thing, the pharmac



are you trapping your 1964 tax return with obsolete inventory?

To continuously delay taking your inventory is both wasteful and costly. Too much inventory is as much a "drag" on your profit picture as too little! The trick is to know how much inventory it takes to keep your turnover ratio at its most profitable level! The answer lies in a periodic inventory check.

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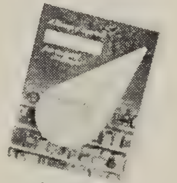

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receives a considerable amount of training in merchandising during his college course. For another, he renders a professional service, and service businesses are not being as hard hit by price competition as other types of retailing —up till now! This, we are all aware, is changing.

Nevertheless, the average pharmacy does derive a better gross profit on sales than the retailer in other lines. According to the Lilly Digest, the average gross profit to sales is 36 percent—and most retailers of comparable volume and investment today do well to realize 30 to 32 percent in gross profit on sales.

Pharmacy has been a growth industry, benefitting from the popular explosion directly and particularly. According to the Lilly Digest, the average store in 1954 did an average annual volume of $100,000; today the average is $153,000.

However, there are factors in the picture which are disturbing, and should prevent any state of complacency.

For one thing, store expenses are rising. Today, the typical store spends 31½ cents out of every dollar for overhead, compared with 28½ cents ten years ago. Store inventories are higher, requiring more capital to maintain. The physical stock turnover now averages 3.6 times a year, where, a decade ago, it averaged 3.9 times.

There is a growing trend toward bigness. Of the 57,000 drug stores in this country, 18,000, or 34 percent handle 71 percent of the volume. Competition from discount stores and mass retailers is on the rise again. We know that food chains, such as Kroger, with 87 drug stores in 1962 alone, and others as Jewel Tea, Grand Union, Consolidated and Red Owl Stores, are joining giants such as E. J. Korvette and R. H. Macy in dispensing not only packaged items, but prescriptions as well. In fact, in a survey among druggists by Readers Digest in 1961, 39 percent of druggist respondents mentioned competition from supermarkets and discount houses as their number one problem.

All these things suggest that the squeeze which has assailed other forms of retailing for so long is also likely, if it has not done so already, to affect drug retailing.

Perhaps we had better take a second look at failure records. What makes druggists fail?

Some time ago, our company went back to every fifth failure record among drugstores and made an intensive investigation of the causes. We called on creditors, competitors, and even the failing pharmacist himself, and we asked: "What happened?"

The first thing we learned was that there was seldom any one outstanding cause of failure. Usually there was a combination of causes.

Number one cause mentioned most frequently was high withdrawals from the business. Actually this was mentioned in combination with some other contributing factor for about 50 percent of the cases investigated. Typical example:

> "This pharmacy originally was composed of two partners, One, Lee, bought out his partner on an instalment payment basis, doubled his salary, bought a high priced car, an expensive home, lasted two years, then went broke".

Next on the list was the financial factor. Usually, this consisted of top-heavy debts, lack of adequate capital, or paying too much for the store. Usually these were conditions which assailed the relatively newcomers. In many cases, we find these men buying an existing store with a modest down payment, then hanging on for dear life while the instalments are absorbing most of the income. After the third or fourth year of a 5 year mortgage on the store, the wear and tear becomes difficult; particularly is this true when the fixtures were old to begin with and improvements have to be financed on top of existing payments. This inability to get out from under a load of deb eventually brings on personal problem

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in which the owner becomes discouraged and gives up.

We found one man who had been living on $60 a week while paying off monthly instalments on a 5 year store mortgage. All of payments were kept up to date for 4 years. With twelve more monthly payments to make, the owner closed up one night and took a job with another druggist. By the time the mortgagee foreclosed there was not enough to pay other creditors. The druggist, when interviewed at a later date, simply said he had become tired of living with a load of debt.

Next on the list of prominent cause of failure was the personality factor. Some who failed were gruff, discourteous to customers, indifferent, or even lazy. Some kept irregular hours.

Other causes were: Poor buying practices - over - expansion - changes in neighborhood - poor housekeeping and dingy appearance - inefficient or dishonest employees - aggressive competition - girl or wife trouble.

I'm not altogether sure we ought to relate the last cause as a major cause of failure although it was mentioned in 10 percent of the failure cases we studied. Still, for what it is worth, here is how it disrupted one business:

"Jones and his wife put their savings in a drug store. He was the pharmacist and she handled the cash register. They prospered so much that when they heard of a second store for sale in another part of town, they bought it.

Mrs. Jones and an employed pharmacist operated store number one; Jones hired a girl to work behind the counter with him in store number two.

All was innocent enough except that when store number two closed in the evening, Jones would take the girl clerk home. After a time, a relationship began to develop. Then came expensive gifts, then Mrs. Jones learned about it and walked out on Jones, then came bankruptcy.

I suppose some would attribute this faiure to over-expansion than to personal problems. If so, so be it.

One interesting sidelight of this failure study was what happened to some of the stores which had failed after new owners took over from the creditors. In some of these cases, the former owners had stated that their failures occurred because of circumstances beyond their control, i.e., poor location, strong competition, etc. Yet their successors were able, in many cases, to turn these stores into successes. Here is an example, as it was reported by one of our researchers:

Mr. Defoe (the new owner) started right from the beginning to make a conscious effort to "sell himself" to his customers, even going so far as to study names and faces. He has also gone out of his way to correct what was once a bad inventory control situation. Before buying new items, he checks to see if the items have been detailed to local doctors.

His prescription counter has been enlarged to twice average size to assure faster service. It is arranged so that the public can stand outside the store and observe full operation behind the counter. He is assisted by two employees who have now been with him for some time, and to whom he delegates responsibiilty when he is absent. Employee assist him in purchasing merchandis and suggest what quantities should b ordered. He gives bonuses, birthda gifts, and small tokens of appreciatio in addition to paying good salarie Daily sales records are kept, and a auditor prepares monthly statements income and expense. All sales are broken down by departments."

Now, this case history is not su gested as a be all and end all. Rathe it is a microscopic example of how ce tain principles in management a applicable.

Let us examine certain of the pri ciples on a larger scale.

What are the indicators of a succes ful business?

Suppose we take a look at some the corporate giants and find out h they came to be what they are.

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According to a panel of the presidents of 246 leading U.S. corporations, the following is a list of the ten most effectively managed companies in this country:

1. **General Motors:** Its particular strongpoint is that of **assigning responsibilities** to its people and then getting things done by these people.

2. **International Business Machines:** This company is well organized because of the attention it gives to **training its people** and educating its customers in the use of its products.

3. **E. I. duPont:** For its financial **planning**, plus putting adequate **working capital** to work.

4. **American Telephone and Telegraph:** This company makes a specialty of **finding, training,** and **developing** talented executives at all levels of the business.

5. **Standard Oil Company of N. J.:** It has a long term record of **flexibility** in shifting and developing sources of supply, and in **marketing** and **production.**

6. **Minnesota Mining and Manufacturing:** Its strength is in researching and developing a flow of **new products.**

7. **General Electric Company:** This company is renowned for its general **management.**

8. **Eastman Kodak:** It goes out of its way to maintain an **image of quality.**

9. **Proctor & Gamble:** For understanding its consumer market, that is, for **marketing and merchandising.**

10. **Sears, Roebuck & Company:** For **planning and performance.** This has been the key to this company's outstanding success in its expansion from a mail order complex into a giant system of retail stores.

What can we learn from these outstanding companies, or for that matter, from the operations of successful, but less complicated smaller companies?

I have spent thirty-three years studying and analyzing the operations of both successful and unsuccessful business enterprises. Over this period, I have examined thousands of balance sheets and income statements, and have talked personally with owners and executives of companies large and small. As the result of this experience, I have formed the following conclusions:

1. Successful businesses are those with a high degree of **ethics** and **integrity.**

2. Successful businesses exhibit **vitality** in leadership. This vitality becomes visible in the form of a **strong-willed sense of purpose to achieve desired results;** and in a **creative, productive urge to build a business;** further, it demonstrates itself in the ability to consciously **inspire people** to believe in and achieve goals set by leadership. Or, as Peter Drucker puts it, "In a sound company, people are not driven —they drive themselves." And lastly, vitality in leadership is manifested by elements of **adaptability and flexibility in the face of change.**

3. Successful businesses are those which maintain a **sound, well balanced financial structure.** A successful business is one which understands the meaning of significant ratios. It sees to it that there is an adequate cushion of capital to meet emergencies and unforeseeable ups and downs in busines conditions.

4. Successful businesses maintai well planned programs for financia controls, which eliminate the need fo "meat ax" cost reduction "blitzes which often result in even more expens in the long run. Well planned contro programs are thought out in terms o estimates and budgets of income an expense thought out in advance.

5. Successful businesses are thos which exercise an **intelligent management of human resources.**

These are the assets which do not appear on a balance sheet, yet have a profound effect on the appearance of the balance sheet.

Management of manpower is what i implies. It means establishment o standards of performance and seein to it that these standards are me

It involves appraisal, inventorying and organization of human skills. It stresses the importance of communication back and forth to create cohesion and understanding. It involves depth of training.

6. Successful companies feature products and services of quality. They do not yield to the temptation to meet competition by lowering quality. Those that have done so have come invariably to regret it.

Today there is a growing emphasis on upgrading of quality everywhere—even among the mass merchandisers. Note how this has taken effect even in industry. Time was, not too long ago, when industry was careless about quality control. The result was a loss of consumer loyalty. Whether it is a matter of selling better mousetraps or better, long lasting razorblades, the consumer will go for value, and he who ignores this is apt to find himself left out of the market.

7. Successful businesses are strong in marketing and promotion. Again quoting Peter Drucker, "The primary purpose of a business is to find a customer". Thus, successful companies believe in sound principles of salesmanship and advertising, and see to it that those employees who meet the public are skilled in these areas. Successful companies are believers in the old adage: "Promote or Die!"

No two businesses will or can give quite the same weight to these seven indicators. Yet it might be profitable here to dwell for a moment on what mental processes and courses of action they might suggest to the pharmacist whose objective is business success. For myself, I propose the following conclusions:

1. Pharmacy is entering another of the periodic eras of intense competition which it has had to survive in waves over the past 40 years. These waves have heretofore been in the form of the so-called "cut-rate" stores and then the chain drug store.

2. But the new wave appears to be more serious because, whereas the old waves of competition were in the field of packaged drugs, the current competitive wave threatens the pharmacies because it is exceedingly difficult to attempt to control the price of prescriptions.

This leads me to conclusion number 3, namely:

3. The avenue of survival is in management and professional and business know-how. This conclusion seems to me to be inevitable.

If it holds water, as I think it must, then I suggest that the following area of management would be particularly appropriate for your study, namely:

The Management of your human resources: By this, I mean, quite naturally, the management of your employees. Last summer, I had quite a talk about this with one of the top executives of a drug franchising company whose function it is to work closely with and advise pharmacists. He said that whenever he talked personnel problems with druggists, the discussions would lead to complaints about the calibre of people hired, their inability to understand their jobs, and their general lack of interest.

Almost invariably, said the executive, the reason for these complaints resulted from shortcomings in the druggist himself. It is common practice, for example, to hire clerks without investigating their references, or past employment. Thus, many a clerk who made a good impression when first interviewed has later been found to be emotionally disturbed, a trouble maker, inefficient, or plain dishonest.

Personnel managers stress the importance of picking up the phone and calling the previous employer. Sometimes, it is found that the former employer, relieved as he is to get rid of a trouble maker, yet not wishing to prevent the ex-employee from being placed elsewhere, will be inclined to be vague, to hedge, or to give double-talk.

Two key questions should be asked. One is "How did you get along with your former employee?" The second is: "Would you rehire him or her?"

The inability of the new employee to master his job is often the result of lack of communication or short-changing on training by the employer. This brings to mind the experience of a head of a small West Coast chain who was bitter about employee performance. It was suggested that he hold two one-hour meetings with his employees during which he would discuss what each type of job entailed and how employees were expected to handle them. At the end of the second meeting, each employee would be expected to sit down and write an outline of what his or her job responsibility was and how it was expected to be handled.

The owner was reluctant to try this procedure. He insisted that "these kids are just too darned dumb". So he was quite astonished when he found "these dumb kids" handing in job outlines two and three pages long at the close of the meetings. Not only that, but his complaints about job performance began to die down bcause people who understand their jobs and believe their jobs to be important have a habit of rising up to the challenges of their work.

There is frequently a reluctance on the part of the owner of the business to unburden himself of responsibility by delegating functions to others. It has been said that the primary weakness of most small businessmen is that they wear too many hats. As a corollary they don't like to give up their hats. In the tiny business, this may be inevitable. A small businessman once said "When I go out of town to attend a convention, my business loses its chief executive, stockroom superintendent, one-third of its accounting force and 40 percent of its sales force." This is why, of necessity, so many retailers become worn out from long hours."

As the business grows in size, however, ways should be found to relieve the top man of detail. For detail interferes with thinking and thinking is the key to creative solutions of business problems.

There is an eternal need for back-and-forth communication. Perhaps, in the very small businesses, this does not seem essential. "In our business" wrote one store owner "there are just my wife and I. She communicates very well!"

In the larger business communication is a necessity—not only to talk out problems and resentments, but also to establish objectives. You may be interested in the experience of a jewelry chain in Washington, D. C. One year, as an experiment, the chain announced on its bulletin board that i was shooting for an 8 percent increas in sales. Every week thereafter, the management would post the progres for the week, and for the year as whole to date. Soon employees bega to take an interest. By the end of th first month, everyone, from the deliv ery clerks to the telephone operator were beginning to take an interest. B the end of the year, the chain ha overshot its objective by 10 percent.

In view of the fact that volumes ar written about management technique I suppose we could go on talking abou them but time is getting short. Perhap a conversation I had with a successf druggist whom I have known for yea will provide an adequate summary.

I will call him Jimmie D. Jimmie is a pharmacist in my home town. is well-to-do, is well liked, a direct of the local bank, and a member about every community organization town. He is approachable, highly lik able, with an infectious enthusias about his town and his business. I kne Jimmie from the time he wa sa working spare time in his Dad's sho shine parlor. In those days Jimm didn't brood about being "disadva taged" and he certainly wasn't c turally deprived". He worked ha studied hard, put himself throu the school of pharmacy, eventua opened his own store.

One day last summer, when I was visiting the home town, I stopped in to see Jimmie. Jokingly, I asked him if he was afraid that the discount stores would ever put him out of business. He just laughed. Then he took me outside of the store. It has an exceedingly attractive front, in stone. "This" he said, "is where my business begins". Then he told me how he not only keeps his store front fresh and attractive by frequent remodeling—he also persuades every merchant in his block to do the same, if only by repainting periodically.

Inside, the store is immaculate. It operates under a program of continuous modernization. This applies to the floor, the ceiling, lights and windows. Scrupulous attention is paid to stock display and stock control. If an item doesn't move four times a year, it isn't reordered.

Store hours are 8 A.M. to 10 P.M. six days a week. This is feasible because three employees share the hours. And if a customer has a real emergency, says Jimmie, they are welcome to reach him at home. "I'm not a banker", says Jimmie, just a bank director, so I don't operate on banker's hours. Jimmie doesn't worry about employee thievery, he screens his employees carefully, then pays them well.

In his merchandising program Jimmie emphasizes brand names. This is where the best mark-up lies. Jimmie advertises regularly, he rough sketches his own ads and copy, then turns the copy over to his newspaper.

Finances are watched carefully. Each month he prepares a statement of income and expense. Each year he estimates what his sales and expenses are likely to be, item by item, month by month. Later, when the actual results come in, he cross checks. If something went astray, he wants to know why, so that he can take corrective action.

Jimmie is a good boss; he tells his people what he expects of them, then checks to see to it that they get the work done. He takes regular vacations—he doesn't believe that a worn out business man is a good businessman. Yet he does not neglect the store, he keeps regular hours.

I suppose there isn't very much about all this that is sensational or new; nothing revolutionary here in the way of promotion, merchandising, financing, supervision—yet they are there, and people in town respect him. They consider him to be a good businessman and a fine professional man. And I don't believe the time will ever come when Jimmie will worry too much about cutthroat competition.

It is comforting to know there are so many Jimmie D's in this country. There must be a reason why there are so many. After all, if 15,000 small businesses fail ever year, there are several million which do not. And I suspect that whether it is the small one, two or three man business like Jimmie's, or the giant chain, the principles and instincts under which modern business is transacted will continue to represent American business.

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"The Small Business Administration And The Retail Pharmacist"

By Jerry D. Worthy
Assistant Deputy Administrator,
Small Business Administration,
Washington, D. C.

Presented at the Third Simon Solomon Pharmacy Economics Seminar sponsored by the Maryland Pharmaceutical Association at Blue Crest North, Pikesville, Md., November 12, 1964

Notwithstanding the fact that I am a bureaucrat, I want to keynote my remarks today by first expressing my high regard for our free enterprise system in this country and my respect for the millions of entrepreneurs, such as you gentlemen here today, who make it work.

Ordinarily my temper rises slowly and my boiling point is high. But believe me I can get incensed to the point of eruption when I hear some of my friends tell me how we have lost our adventurous spirit, what a rough time they're having to make ends meet on $35,000 a year, and how we are being surpassed by the common market countries. Here are some comparisons between our country and others:

We utilize approximately 1/16th of our labor force to produce the agricultural goods needed by this country; whereas, France must utilize approximately ¼th of its labor force to do the same task and Italy must use ⅓d of its labor force. Some of the really under-developed countries must employ 60, 70, 80, and even 90 percent of their people in order to produce the food they need. This means that the United States can devote more people to producing the other goods and services that go to make up the very high standard of living that we enjoy.

You know we often read about what we would have to do to catch up with Russia. Some have the vague idea that they are barreling ahead on the road to economic prosperity faster than we are. This is nonsense.

According to F. H. McCracken, a Vice President of IBM, here is what we would have to do in order for Russia to catch up with us:

We would have to abandon three-fifths of our steel capacity, two-thirds of our petroleum capacity, ninety-five percent of our electric motor output. We would be forced to destroy two of three hydroelectric plants and get along with a tenth of our present volume of natural gas. We would need to rip up fourteen of every fifteen miles of paved highways and two of every three miles of main line railway track.

It would also be necessary to scuttle eight of nine of our oceangoing ships, scrap nineteen of every twenty cars and trucks, and reduce our civilian air fleet to practically nothing. We would cut off nine of ten telephones and tear down seven of ten homes. We would have to move sixty-million Americans back to the farm. In the process of doing this, we would reduce our standard of living by seventy-five percent. So don't believe those who say Russia's economy is ahead of ours.

I'm happy to report that in a small way I am a businessman. I have a minority interest in a concrete products manufacturer in the South. I've enjoyed watching it grow, and I have learned much from some of the hard knocks. I've learned to experience a $7,000 loss in one month without flinching and to sweat out Friday payrolls, as I'm sure you have also.

Now, what part does SBA play in our free enterprise system? SBA exists because Congress strongly felt that the continued health of our free enterprise system was, to a considerable degree dependent on the existence of viable independent small businesses such as those owned and operated by you. If the instruments of production and distribution were concentrated in the hands of a few we would see, I believe a lessening of competition, which in my opinion is the most dynamic factor in our market economy.

The Select Committee on Small Business of the House of Representative put it this way: "Small business enterprise provides the most fertile soil in which healthy competition may flourish. Small and independent business supplies the strength and vigor so necessary to growth of our competitive forces. There is no better assurance of our ability to maintain competition than a flourishing community of small and independent business enterprises. Any development which makes it more difficult for efficient small firms to survive strikes a blow at competition."

Experience and various studies have shown that there is not an adequate private source of term financing for small business. Small business cannot survive and grow without adequate term financing, particularly today when capital requirements have increased so greatly. Where credit is denied because the project is unlikely to succeed or to earn the returns available elsewhere, then the withholding of credit is in accord with the best use of available resources. This is true, although it may be unpleasant for the individuals involved.

However, when market imperfections deny capital to worthwhile projects simply because the borrower represents a small rather than a large firm, then an undesirable misallocation of resources results.

While we usually think in terms of finance when we discuss some of the difficulties that are particularly applicable to small business, there are also other important areas where the small businessman encounters problems that are inherent in his size.

One of these is in the area of management. While the small businessman may be just as competent as any of the personnel in the large enterprise, he cannot afford to gather around him he variety of technical talent that the ig business can draw upon.

SBA has several programs designed o help the small businessman improve is management techniques. While on much smaller scale than the county

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E IN SERVING THE PRACTICE OF PHARMACY

agent system, which has been so successful in advancing the capabilities of farmers in this country, in some ways it is parallel to this system. A typical SBA region, of which there are fourteen, will have several trained persons assigned to this work, and they have proven to be very effective in this field.

They help to organize co-sponsored administrative management courses usually held during the evening hours for a period of six to eight weeks. In these courses, small businessmen are given an excellent grounding in the principles of management, finance, accounting, advertising, marketing, legal problems and other subjects that are particularly applicable to the group. The results have been excellent.

SBA also conducts one-day workshops for prospective owners. Here the prospective businessman is given an idea of some of the problems which he will encounter in his new enterprise. He will also be furnished tips to help get his business started on the right track.

Many fine publications on management topics are available from SBA. These are helpful to the small retailer, wholesaler, manufacturer and service establishment owner. And we are just now completing the publication of approximately 200 management research reports giving the details and findings of small business research projects which were undertaken by Bureaus of Business Research and universities all over the Nation.

In addition, we now have a nationwide corps of retired business executives who help us to counsel individual small firms on management problems.

While SBA helps to fill the gap in intermediate term financing with its direct and participation loan programs, as a government agency we, of course, cannot invest in the equities of small businesses. Yet the lack of an adequate market for the equities of small businesses presents a serious handicap to them. So does the lack of term loan facilities. For the small business which wants to go to the public market for equity funds, the costs of doing so are virtually prohibitive for any issue under one million dollars.

In order to help create a private market which would supply this need, Congress in 1958 passed the Small Business Investment Act, which authorized SBA to license, supervise, and lend to private small business investment companies which in turn would purchase the equities of small business and could also in certain cases make long-term loans.

There are over 700 of these companies now, and happily the vast majority of their funds are private rather than governmental. I do not know that SBIC's have a great potential in providing drugstores with loan and equity funds, but it is a possibility which should be considered in the larger operations.

Now for some details on our business loan program. We can make loans of up to $350,000, that is, our share of the loan must not exceed that amount. The loans are made for a period of not exceeding 10 years; generally for working capital we do not go beyond 5 or 6 years. Ordinarily the interest rate is 5½%, but in some areas of substantial and continuous unemployment, which have been designated as such by the Department of Labor, and in redevelopment areas, our interest rate is 4%.

When a bank or other private financial institution participates with us, it may charge any reasonable rate up to 8%. I think it is fair to say that our credit criteria is not greatly different from that of many banks. By that I mean this is not a grant program nor an endeavor to subsidize certain businesses. You as responsible taxpayers would not want that.

Now let's get down to brass tacks and talk about what you would do if you needed a term-loan. First, a word about some possible uses of money from this type of loan. Generally, we say

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that we will make loans for working capital, machinery and equipment, and expansion. I suppose that a pharmacist's usual need for term financing would be either for working capital, for building a new building, for renovatng an existing building, or for the installation of new fixtures or equipment.

By working capital I mean the funds that you need to finance the accounts receivable that you carry, your inventory and the cash that you need to meet the other expenses of your business. Suppose your sales have picked up from $80,000 to $120,000 over a period of a year or so. Naturally, you must increase your accounts receivable and your inventory and you will probably have to add more help. This means you need more working capital. Let's assume that you need $10,000 for this purpose. The first thing you should do is go to your bank of account and try to arrange for the money from them. You may be able to get it, though, generally, the banks are somewhat hesitant to lend money for the five or six years that you will probably need in order to pay this back. If the bank will lend you the money then fine! We are not supposed to compete with banks and if they will handle the business then we want no part of it.

If the bank is not in a position to handle the credit, then suggest to them an SBA participation loan. Approximately one-half of the banks in the country participate with us at one time or another — about 68% of our loans are with banks — while often the bank can see its way clear to take a part of the term loan when it could not take all of it. Also, we have a plan called the Early Maturities Participation where the bank can come in for the short maturity of the loan, that is, it is paid out during the first years and SBA during the latter part.

The bank may or may not have some of our loan forms and if they do not have them they can be obtained from any of our field offices which are listed in a pamphlet I am going to give you on SBA Business Loans. If the bank is not interested in SBA at all, then you should contact our nearest field office and ask for an application there. When you go to the field office you should have with you copies of your financial statements, both profit and loss, and balance sheet, for the last three years, and you should also be prepared to tell the office exactly what you will use the loan for, and what you expect to offer as collateral. If your situation appears favorable, they will encourage you to file the application.

We have a variety of loan plans depending on a whole multitude of factors such as maturity, size of the loans, the type of collateral, the type of bank participation, etc. I will not confuse you with all these details, but the field office will endeavor to give you the right type of application to fit your situation. If your loan request is for under $15,000 you will probably be given what we call an RSL application. This is a Revised Small Loan Program and we have minimized red tape to the extent that a government agency can. We emphasize repayment and management ability more than collateral in this type loan. The closing of this type loan has been greatly simplified just recently. When the application is filed with our office we are going to look primarily at:

(1) Repayment ability—do your profit and loss statements indicate that the loan can be repaid from earnings—we can only consider earnings after your withdrawals.

(2) Collateral—we won't decide the case entirely on this, but certainly it can be a most important factor We recognize that any retail establishments such as yours, collatera is not abundant, and this is taken into consideration.

(3) Investment—we want you to hav a real stake in the business not onl so that your interest will be maintained, but also to provide a margi of safety for the debt you owe.

(4) We will also look at management—how are the premises kept; do you have a good location; what is the trend in sales?

There is one other important factor that you should not overlook. What have you done with earnings in the past? Many small businessmen get themselves in serious trouble by diverting the earnings of their business from the business to outside investments in real estate, stocks, oil wells, etc.

Well we are going to look askance at injecting money in your business if you have been pulling money out of it for other investments.

Another thing we will be looking at is how your operating and balance sheet ratios compare with average ratios for similar businesses of your size. For example, we will look at the amount you are paying for rent as a percentage of your total sales; we will look at what you are paying out in salaries as a percentage of your total sales; we will look at your inventory turnover and your collection period on your accounts receivable. We want to know how you stack up with other pharmacists. These operating and balance sheet ratio studies are available to you and I cannot stress enough the importance of your studying these ratios as an aid to the management of your business.

Let's take just a moment and look at the reasons why drugstores fail:

1. The most common reason is wrong location. One third of all drugstores that fail are located where there had been previous drugstore failures.
2. Lack of business ability.
3. Bad debt losses on credit sales.
4. Overhead too high, including abnormally high rent.
5. High interest charges for borrowed capital.

I think it may be of interest to you that SBA has made 564 loans to retail drugstores as of August 31 for a total of $12,200,000. So in approximately 10 years we have made loans to roughly one percent of all drugstores in the United States.

Extension of credit is always a difficult task. The decisions that must be made to either deny or allow the credit can cause much uneasiness. We are trying to operate a program that is both prudent and creative. We are lending taxpayers' funds and we fully recognize the responsibility thereby involved. At the same time we are trying to develop new lending programs, new credit techniques, and we are also trying to take a new look at recognized credit criteria in an effort to better serve the small business community. Credit involves subjective rather than objective judgment. It is an art rather than a science and perfect uniformity in administration is impossible but we do our best.

We have a young and vigorous Administrator, Eugene P. Foley, who spares no energy in pushing this Agency towards better service for the small businessman. Our people work harder than I believe most of you might think they do. Recently I heard one of your former colleagues, Senator Hubert Humphrey, tell a group of our officials that unless they were ruining their health they were not working hard enough. Very frankly, some of them are working just that hard.

It has been a real pleasure to be with you and I hope that the Small Business Administration can be of some real service to you in financial matters or otherwise as you strive to maintain the vitality of independent pharmacies. Thank you.

M.P.A. CONVENTION

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JUNE 28—JULY 1, 1965

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Maryland Pharmacist Committee

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George A. Kommalan, Board Advisor
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Volume 23 JANUARY 1965 No. 3

T.A.M.P.A.

On Saturday, January 9, 1965 the first business meeting since the holidays was held. The "Good Will Meeting" was held at the Penn Hotel in Towson, Md. A very large turnout attended. All committee chairmen presented their reports. Secretary John Crozier gave his cumulative reports gathered since last October.

The Reverend James C. Thomson, Jr., representing the 10,000 members of the "Peace Corps" in 40 countries, was the honored speaker. A 30 minute film entitled "Mission of Discovery" was shown. The work and activities of the "Peace

T.A.M.P.A. MEMBERS AT PARTY
FOR CRIPPLED CHILDREN AT KERNAN'S HOSPITAL

Corps" for the past four years in existence, was presented. A question and answer period followed the film. The TAMPA members were very inspired by this program.

* * *

The Annual T.A.M.P.A. Ladies Day Luncheon will be held on Saturday, May 8th at the Greenspring Inn, at 12:30.

All members of the Maryland Pharmaceutical Association and their wives are welcome to join with T.A.M.P.A. men and their wives for lunch and a social hour. An entertaining program is planned for all.

* * *

Don Steiner, after an illness in Bon Secours Hospital, has now recovered.

* * *

The forthcoming marriage of Miss Audrey Virginia Covell and Mr. Ken Whitehead was announced.

T.A.M.P.A. SERVES PHARMACY AND THE COMMUNITY

T.A.M.P.A. ENTERTAINS CRIPPLED CHILDREN AT KERNAN'S HOSPITAL

Koa-Con, New Upjohn Antidiarrheal

A new concentrated version of Kaopectate, has been introduced by The Upjohn Company for "a new generation of patients."

The preparation, Kao-Con (Kaopectate Concentrate), represents a 50% increase in content of both kaolin and pectin — the twin diarrhea-fighting agents in the formula — and thus can be taken in smaller doses.

"Diarrhea occurs most frequently in young children and in parents with young families. Children under 12 account for 40% of physician-directed anti-diarrheal uses. It is for this new generation that Kao-Con has been designed," an Upjohn spokesman said.

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Baltimore Metropolitan Pharmaceutical Association

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PRESIDENT'S MESSAGE
Baltimore Metropolitan Pharmaceutical Association

I am very proud yet humble and grateful to the members of the Baltimore Metropolitan Pharmaceutical Association for selecting me as their president for the year 1965. I hope and trust that I can justify the confidence that you have shown in me.

As your President, I pledge to work in behalf of all the members of this Association. In return I will need the support and cooperation of each and every member to solve the many problems that will confront us during the coming year.

During the year the B.M.P.A. sponsors a number of programs for the benefit of all pharmacists in the greater Baltimore area. These projects and meetings are planned to assist you in conducting your pharmacy so that you can serve your community better, so that you can be a better informed and more effective pharmacist and to enhance the role of all pharmacists as a member of the health team.

In order that all our planning on behalf of pharmacists in the Baltimore metropolitan region will be successful and helpful, the support and participation of all are needed.

If you have not paid your 1965 dues or joined with your fellow pharmacists, now is the time to act—mail your dues today.

Sincerely,

MARION R. CHODNICKI
President

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If you opened these packages,
you'd find only five of them contain rubber.
That's why we've changed our name
to Youngs Drug Products Corporation.

NEWS ITEMS . . . . . .

National Pharmacy Week

Morris L. Cooper, first prize winner in the Maryland Pharmaceutical Association National Pharmacy Week Window Display Contest, was awarded third prize in the nation-wide contest sponsored by the American Pharmaceutical Association. This was the fourth time Mr. Cooper has won first prize in the state contest. He has won four national awards previously, including first prize in 1948 and 1962.

Winner of second prize for Maryland was Aaron M. Libowitz, Libby's Rexall Drug Store, Baltimore, and John Thomas, Thomas & Thompson, Baltimore, was awarded third prize.

Prince Georges-Montgomery County Pharmaceutical Association

A general membership meeting was held on Wednesday, January 13, 1965 at the E. R. Squibb & Sons Regional Plant in Cheverly.

The program opened with talks by Joseph S. Kaufman, legal counsel of the Maryland Pharmaceutical Association; Jerome Mask, Chairman of the M.P.A. Legislative Committee; and Nathan I. Gruz, Executive Secretary, M.P.A. They explained the pharmacy laws proposals for 1965 legislature.

The agenda included a color film, "Opening the Door to Selling Success," and a presentation by Jerry Bringenberg, Baltimore Division Manager, E. R. Squibb, and "Red" Bayachetti, Washington Regional Field Merchandising Manager, E. R. Squibb, entitled "Vitamins Place in the Drug Store."

Pharmacy Changes

The following are pharmacy changes which occurred during the month of January, 1965:

NEW

Allentown Rexall Pharmacy, C. E. Brown, Jr., Pres., 6315 Allentown Road, Camp Springs, Maryland.

American Drug Centers, James Y. Mobley, Pres., 913 Taylor Avenue, Baltimore, Maryland 21204.

Churchville Pharmacy, Jay R. Brinsfield, Prop., Churchville, Maryland.

Edwards & Anthony Drug Company, Inc., Arlene G. Padussis, Pres., 8713 Harford Road, Baltimore, Maryland 21234.

Marlow Heights Prescription Center, Theodore Twigg, Thomas Shoemaker, Props., 3611 Branch Avenue, Washington, D.C. 20023.

Professional Pharmacy of Baltimore County, Inc., Morton Abarbanel, Pres., 8700 Liberty Road, Randallstown, Maryland.

CHANGE OF OWNERSHIP, ETC.

Ideal Drugs, Inc., Nathan Eidelman, Pres., 1402 Reisterstown Road, Pikesville, Maryland 21208. Formerly: P.E.N. Corp., t/a Karpa's Drug Center, Maurice Karpa, Pres.

Aero Pharmacy, Inc., 2100 Orems Road, Middle River, Maryland 21220. (Changed from individual ownership to a corporation—Jack Barshack, Pres.)

CHANGE OF ADDRESS

When you move—

Please inform this office four weeks in advance to avoid undelivered issues.

"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of The Maryland Pharmacist and all mail, kindly notify the office when you plan to move and state the effective date.

Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

SPRING REGIONAL MEETING

Maryland Pharmaceutical Association

WASHINGTONIAN COUNTRY CLUB,

GAITHERSBURG, MD. (Route US 240—Interstate 70)

Thursday, April 29, 1965

"PHYSICIAN-PHARMACIST REATIONSHIPS"

Moderator:	Dr. John F. Schaefer, Chairman, Pharmacy Liaison Subcommittee, Medical & Chirurgical Faculty of Maryland
Panelists:	Dr. B. Martin Middleton, Chairman Legislative Committee Dr. E. P. Williamson, member Liaison Subcommittee Mr. John Sargeant, Executive Secretary, Medical & Chirurgical Faculty

Dr. Middleton will address the meeting, followed by an open forum discussion participated in by the panelists and the audience. Topics will include "medicare", "eldercare" and any question pertaining to physician-pharmacist relations.

1:00 P.M.	Lunch - Buffet
2:30 P.M.	M.P.A. Business Meeting
2:30 P.M.	Ladies Auxiliary Meeting and Entertainment
3:00 P.M.	Panel Discussion and Open Forum
5:00 P.M.	Cocktail Hour
6:00 P.M.	Full Course Dinner—Steamship Round of Beef
6:00 P.M.	Presentation of Robins Bowl of Hygeia Award for Community Service to Norman J. Levin
6:00 P.M.	Presentation to Honorary President Walter F. Albrecht

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Total Charge Per Person — Luncheon, Dinner Gratuities - $8.00
Luncheon - $2.50 Dinner - $5.50

LAMPA MEETING FEATURE:

Mr. Sheldon Saters, Interior Decorator with the P. J. Nee Company.

**Make your plans now to attend.

Amendments to Constitution Maryland Pharmaceutical Association

The following amendments were read at the Fall Regional Meeting, Peter Pan, Urbana, on October 22, 1964. They will be presented for a vote at the Spring Regional Meeting, Washingtonian Country Club, Gaithersburg.

RECIPROCAL MEMBERSHIP

Add to Article III (Types of Membership) as new Section 2.

The Association may enter into agreements with such pharmaceutical organizations which are presently or may hereafter be organized within the State of Maryland, and if approved by the Executive Committee, for the establishment of reciprocal membership, whereby membership in the Association would be a prerequisite for membership in such other organization and likewise membership in such other organization, for those eligible, would be required for membership in the Association.

The Succeeding section numbers to be renumbered from 3 to 7.

TO AMEND ARTICLE V.

"Amendment of Constitution" to read as follows:

Every proposition to alter or amend this Constitution must be submitted in writing to the Constitution & By-Laws Committee. This Committee will prepare the proposed amendment in the proper legal language and refer it, with its recommendations, to the Executive Committee for discussion and recommendation.

The proposed amendment will be read with the Executive Committee's recommendation at the next duly constituted meeting of the Association, at which time there may be discussion and revisions of the proposed amendment.

The agreed on version will then lie over until the next duly constituted meeting of the Association, when, upon receiving an affirmative vote of two-thirds of the members present, it shall become part of this Constitution.

Meeting of the Baltimore Veteran Druggists' Association

The Baltimore Veteran Druggists' Association (organized September 10, 1926) holds monthly luncheons and meetings on the third Wednesday of each month (October through May) at the Student Union of the University of Maryland (Baltimore Campus), 12:45 P.M.

At each meeting business pertaining to the welfare of the association is transacted and the birthday anniversaries (Date: month of meeting) of the members are celebrated.

The fourth meeting of the year was held on January 20, 1965, the following members being in attendance: Melville Strasburger (Secretary Emeritus, Maryland Pharmaceutical Association), Benjamin F. Allen (School of Pharmacy) Frank Block (Curtis Bay Pharmacy) LeRoy P. Brown* (E. R. Squibb & Sons) Irving Cohen (Hollywood Pharmacy) Nelson G. Diener* (Retail Pharmacist) Noel E. Foss (School of Pharmacy) Jack B. Gordon (Retail Pharmacist), A G. Leatherman* (Eli Lilly and Company), Bernard Levin (Leeds Pharmacy), Bernard Ulman (National Pharmaceutical), Raymond B. Yingling (Noxzema Chemical Company), an Daniel A. Warren* (White Laboratories).

At this meeting, the birthdays of fou fraters were to be celebrated. Howeve Frater Warren was the only one presen and responded with a brief review his personal activities during the pa year.

Also, the following officers for 19 were installed: Raymond B. Yinglin President; Robert O. Wooten, Vic President; and Noel E. Foss, Secretar Treasurer.

Future meetings of this group will on April 21, and May 19.

Dr. B.F. All

---

* Retired

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Abbott's New Quality Control Research Unit

A special unit for Quality Control Research and Evaluation, an innovation in industrial quality control, has been established at Abbott Laboratories.

The unit's principal functions will be twofold:

—To search out and evaluate new devices and procedures that will improve the effectiveness and efficiency of the company's quality control operations.

—To devise and maintain the most effective and economical means available to assure that each lot of all products, manufactured chemicals, and raw materials meets established quality standards before it is approved for use.

Henry B. Gilpin Company Promotes Three

RUTHERFORD B. DUNCAN, JR.

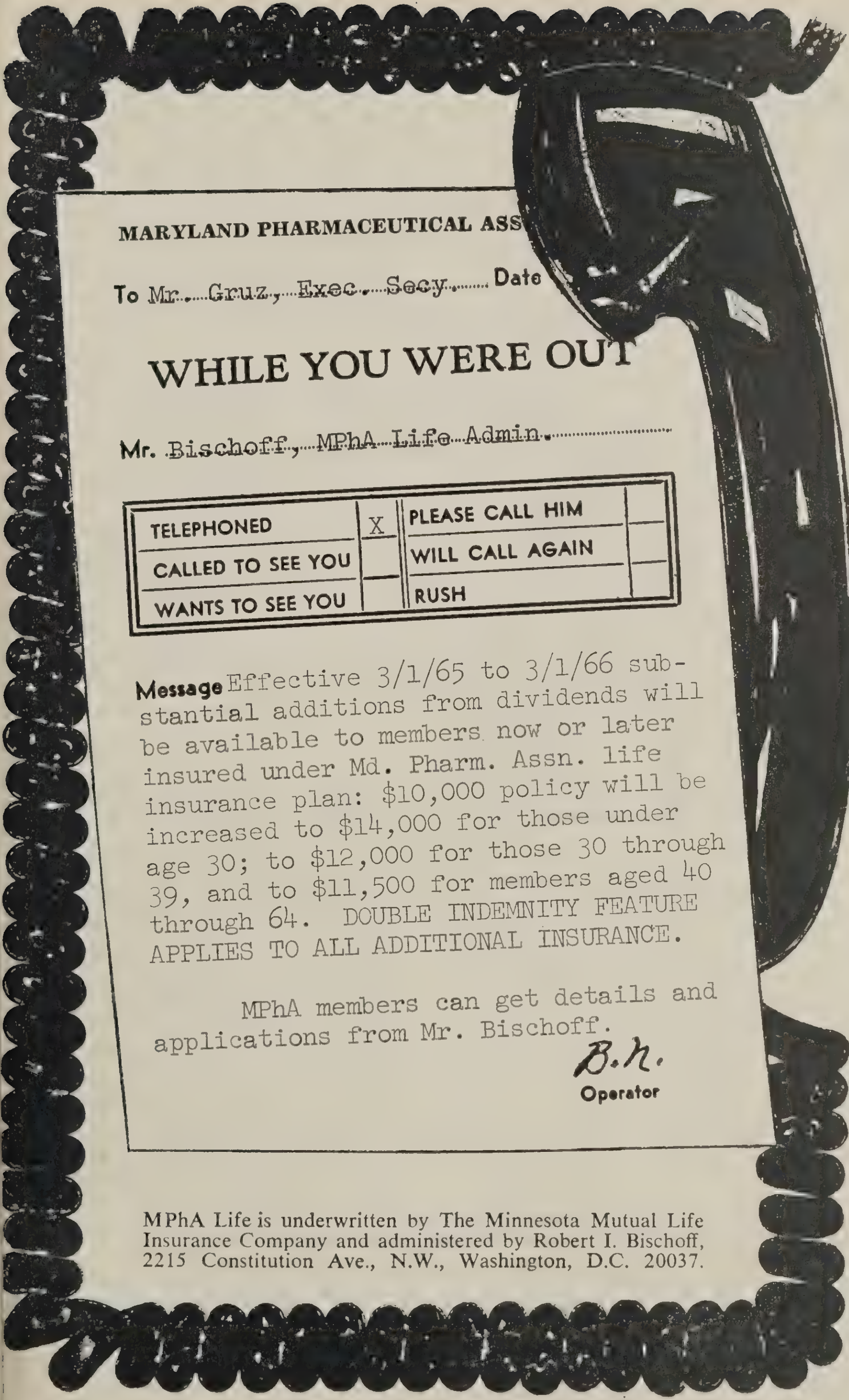
Rutherford B. Duncan, Jr., has been elected Vice President of The Henry B. Gilpin Company.

Mr. Duncan began his career with Gilpin in 1931, and during his 33 years of association with the firm has progressed through all departments, including pricing, buying, sales and operations management. In 1957 he was appointed Manager of the Washington Division, and in 1959 he was promoted to Director of Operations for all four Gilpin wholesale drug distribution houses, located in Baltimore, Maryland; Dover, Delaware; Norfolk, Virginia; and Washington, D.C. In 1963 Mr. Duncan was appointed to the position of Director of Sales and Operations, assuming the responsibility for the overall administration of the company's marketing operations.

WILLIAM H. WHITTLESEY

William H. Whittlesey was promote to Controller of The Henry B. Gilpi Company.

After receiving his degree in Busine Administration, Mr. Whittlesey had se eral years of experience in retail dr store management, and for the past s years he has held management positio



MARYLAND PHARMACEUTICAL ASS

To Mr. Gruz, Exec. Secy. Date

WHILE YOU WERE OUT

Mr. Bischoff, MPhA Life Admin.

TELEPHONED	X	PLEASE CALL HIM	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	

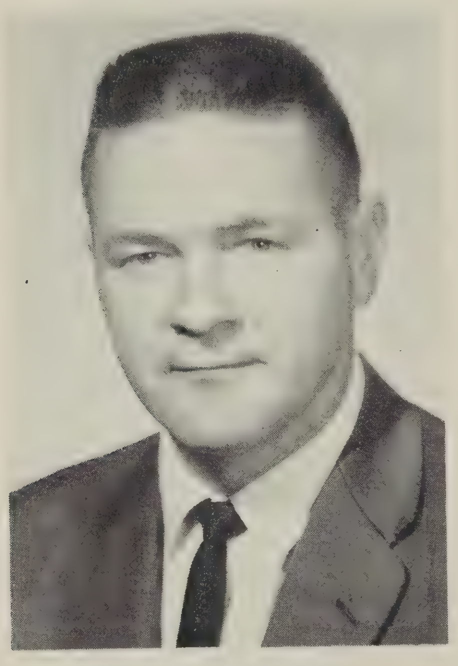
Message Effective 3/1/65 to 3/1/66 substantial additions from dividends will be available to members now or later insured under Md. Pharm. Assn. life insurance plan: $10,000 policy will be increased to $14,000 for those under age 30; to $12,000 for those 30 through 39, and to $11,500 for members aged 40 through 64. DOUBLE INDEMNITY FEATURE APPLIES TO ALL ADDITIONAL INSURANCE.

MPhA members can get details and applications from Mr. Bischoff.

B.h.
Operator

MPhA Life is underwritten by The Minnesota Mutual Life Insurance Company and administered by Robert I. Bischoff, 2215 Constitution Ave., N.W., Washington, D.C. 20037.

with Gilpin which have included Warehouse Superintendent, Credit Manager, Operations Manager, and Division Manager, his latest position being Manager of the Washington Division.



GRANT T. TURNER

Grant T. Turner was named Manager of Gilpin's Washington Division.

Mr. Turner received his degree from Brigham Young University, majoring in accounting, finance and economics. His previous experience includes budgetary and financial service management, in addition to serving as Assistant Division Manager of Gilpin's wholesale drug distribution center in Baltimore, Maryland, just prior to his promotion.

Adults maintaining a high level of health and fitness can meet family or career responsibilities more effectively and can pursue avocational interests more enjoyably.

Maryland Pharmaceutical Association Legislative Program—1965

The following legislation was introduced at the 1965 session of the Maryland Legislature by Delegate Chester G. Kosakowski as H.B. 1026 and H.B. 1027.

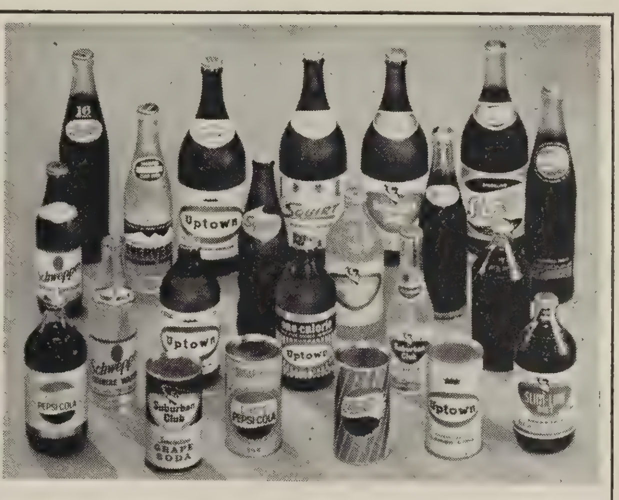
Article 43 of Annotated Code of Maryland (1957 Ed.) Section 250 is amended to read as follows:

a. The "Practice of Pharmacy" is the practice of that profession concerned with the art and science of preparing, compounding and dispensing of drugs, medicines and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on the prescription of a medical practitioner, or otherwise legally dispensed or sold, and shall include the proper and safe storage and distribution of drugs, the maintenance of proper records therefore, and the responsibility of providing information, as required, concerning such drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease.

The words "drug" and "devices" shall not include surgical or dental instruments, physical therapy equipment, x-ray apparatus, their component parts or accessories.

The "practice of pharmacy" shall not include the operations of a manufacturer or wholesaler as prescribed in Sec. 269 and Sec. 270A of Article 43 of the Annotated Code of Maryland.

b. A "Pharmacy" means and includes every establishment or institution where (1) the practice of the profession of pharmacy is conducted; (2) drugs, medicines or medicinal chemicals are dispensed, offered for sale, given away or displayed for sale at retail; (3) where prescriptions are compounded or dispensed; or (4) which has upon it or displayed within it or affixed to or used in connection with it, a sign bearing the word or



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words, "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicines," "medicine store," "health aids," "drug sundries," "remedies" or any word or words of similar or like import, or where the characteristic show bottles or globes filled with colored liquids or otherwise colored, are exhibited or any store or shop or other place, or with respect to which any of the above words are used in any advertisement.

Within two years after the effective date of this act, any pharmacy approved for licensing shall (a) be independent of and physically separate and distinct from any other profession or business activity which is not the operation of a pharmacy, with separate entrance and exit or, in the alternative, (b) devote a majority of its overall public area to the prescription department and allied health and professional products and services. For the purpose of this section, "allied health and professional products and services" shall include, but shall not necessarily be limited to, first aid products and supplies, sick room and surgical supplies, accessories, appliances and devices, drugs which may be sold without the requirement of a prescription, a professional waiting area, feminine hygiene products, oral or dental hygiene products, articles and products (other than foods) the labels, advertising or use of which relates to the health of the user thereof, articles which come within the jurisdiction of the Board of Pharmacy as regards strength, quality, purity and labeling under this Article and articles and products (other than foods) which come within the jurisdiction of the Federal Food, Drug and Cosmetic Act. In cases of undue hardship in compliance with the above requirements, the Board of Pharmacy, after hearing, may extend the time for compliance for an additional period not to exceed one year.

Section 258 is amended to read as follows:

> Said Board shall organize by the election of a president, secretary and treasurer, who shall serve for the term of one year and who shall perform the duties prescribed by the Board. Meetings for the examinations of applicants for registration shall be held on the first Thursday in April and October in each year, in the City of Baltimore, or at such times and places as may be fixed upon by the Board; provided, that ten days' public notice of the hour and place of each meeting at which there is an examination of candidates for registration shall be given. It shall be the duty of the Board to receive all applicants for examination and registration submitted in proper form, to grant certificates to such persons as may be entitled to the same hereunder, to report annually to the Governor and the Maryland Pharmaceutical Association upon the condition of pharmacy in the State, which report shall also furnish a record of the proceedings of the Board, as well as the names of all persons registered under these provisions; to keep a book in which shall be registered the names and places of business of all persons so registered, and all facts pertaining to the granting of certificates. The said Board shall have the power to adopt any rules and by-laws not inconsistent herewith necessary to the transaction of the business of the Board, to demand and receive from applicants the fees herein provided, which shall by the treasurer of the Board be paid to the Treasurer of the State. The Board may promulgate rules and regulations, in accordance with the provisions of Article 41, Sec. 244 to 256, inclusive, known as The Administrative Procedure Act, governing the standards of practice of pharmacy and operation of pharmacies

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including, rules and regulations governing the method of advertising, promotion and standards for filling and refilling prescriptions, such regulations to be designed to insure methods of operation and conduct which protect public health, safety and welfare and prevent practices or operations which tend to lower professional standards of conduct. Any aggrieved party or the Board may appeal to the Court of Appeals of Maryland any adverse decision of any Circuit Court of any County or any Court of Baltimore City.

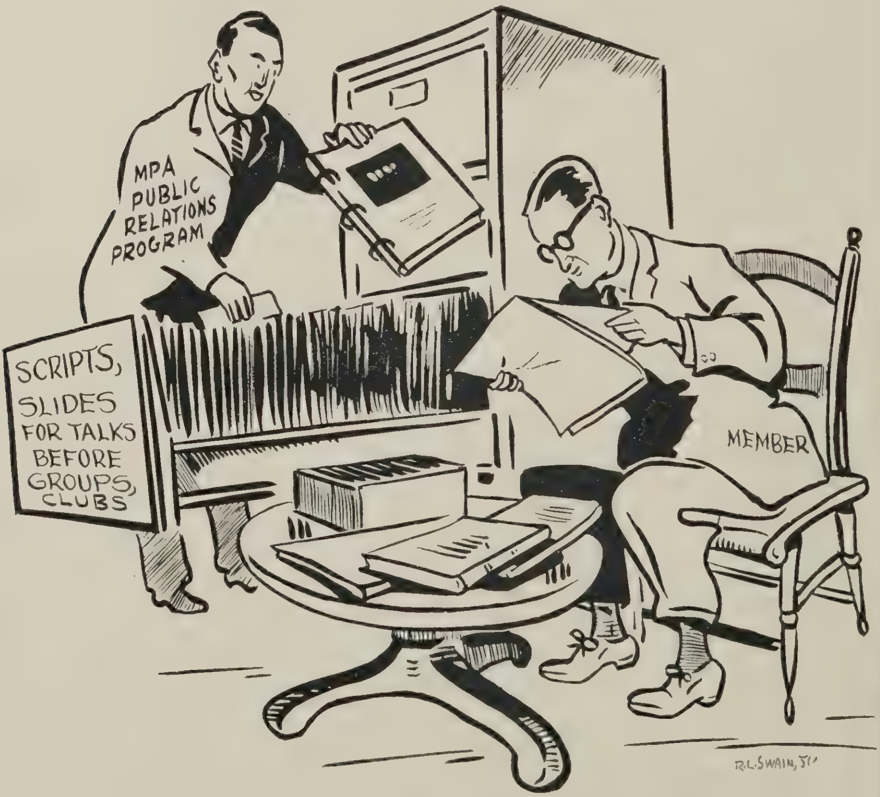
Sec. 2. And be it further enacted, that this act take effect June 1, 1965.

Section 272A added to read as follows:

Section 272A. Itinerant Vendors.

No itinerant or travelling vendor, hawker or peddler shall sell, distribute, vend or otherwise dispose of any drug, medicine or pharmaceutical or medicinal preparation in this State. The term itinerant or travelling vendor, hawker or peddler shall mean any person whose business involves the passing from house to house or soliciting people in the public streets or public places or by using any device for attracting crowds and therewith recommending their wares and offering them for sale.

Sec. 2. And be it further enacted, that this Act shall take effect June 1, 1965.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Lincocin, A New Antibiotic, Effective Against Resistant Bacteria

A new antibiotic, Lincocin, may be an effective substitute where disease organisms develop resistance or where patients become allergic to penicillin or other older antibiotics, Canadian clinicians say.

The number of patients in whom penicillin produces unfavorable reactions is more likely to increase than diminish. By contrast, Lincocin's apparent low toxicity—even in high doses—gives it advantages over many other antibiotics in a variety of staphylococcal infections, the physicians state.

In previous trials, Lincocin, developed by The Upjohn Company, has produced encouraging results against a variety of infections ranging from upper respiratory diseases to osteomyelitis.

Smith Kline & French Laboratories will package 19 of its liquid products in sealed bottles.

The new caps will be pilfer-proof because there is no way to get to the product without breaking the seal.

The black aluminum twist caps are formed on the bottle threads and provide an airtight seal until twisted, at which time small metal bridges holding the cap to a base band are broken.

First shipments of products with the new containers entered wholesale channels in January. All the new packages are expected to be in distribution by late 1965.

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Mangini & Associates Moves To Larger Offices

Mangini & Associates is now located in new, larger offices at 4850 West Belmond Avenue, Chicago.

Mangini is a leading inventory service organization specializing in taking retail inventories and now services over 3000 pharmacists with some dozen inventory crews covering over 30 states.

The new office will comprise over 5100 square feet of space to accommodate 5 more additional crews scheduled to be added to the roster, as well as the office personnel which is now being increased by some 40%.

It was also announced that Mr. Larry Pettingell, former Senior Crew Supervisor, has been appointed General Manager.

New Fungizone Products

The availability of Fungizone (Squibb amphotericin B) in cream and ointment forms is announced by E. R. Squibb & Sons, Division of Olin Mathieson Chemical Corporation.

An antifungal antibiotic well tolerated by the skin of all age groups, including infants, Fungizone provides specific therapy for those Candida cutaneous and/or mucocutaneous infections amenable to topical treatment. No evidence of systemic side effects has been observed during or following the topical use of Fungizone even over relatively extended periods of treatment.

Both new forms provide 3% (30 mg. per gm.) amphotericin B: the cream in a pleasantly tinted aqueous vehicle; and the ointment in a tinted form of Plastibase (Squibb plasticized hydrocarbon gel).

Squibb also provides Fungizone in lotion form and as a sterile powder for intravenous infusion.

City people are more likely to get tuberculosis than rural dwellers.

OBITUARIES

RAYMOND M. BELL

Raymond M. Bell, 89, who had conducted pharmacies at Marion Station, Maryland, and Chincoteague, Virginia, died on January 5th at Keswick Home, Baltimore. He was born in Berlin, Maryland and graduated from the Maryland College of Pharmacy (which merged with the University of Maryland) in 1904.

SIGMUND GOLDBERG

Dr. Sigmund Goldberg, 48, medica director of the Pratt Industrial Clinic died January 22nd.

He attended the University of Maryland School of Pharmacy prior to Medical School, receiving his B.S. in Pharmacy in 1935 and his M.D. in 1937.

ARNOLD LAWSON

Dr. Arnold Lawson, 84, of Hyattsvill
Maryland, died January 16th.

A native of Leipzig, Germany,
studied pharmacy and also medicine
Europe, receiving a Ph.D., summa cu
laude, from the University of Leipzi
He came to the U.S. in 1902 and w
registered a pharmacist in N.Y. sta
in 1903. After several years abroad,
returned to the U.S., and opened t
Cottage City Pharmacy in 1926, and
years later joined his son, Alfred, a
son-in-law, Fred G. Sullivan, in Laws
& Sons Pharmacists, Hyattsville, whe
he worked daily until New Year's Da

He is survived by his wife, Thek
son, Alfred, daughter, Hanna, and
grandchildren. He was a member
the American, Maryland and Pri
Georges-Montgomery County Pharm
ceutical Associations. He was also kno
as a brilliant student and linguist a
an ardent stamp collector.

The Prince Georges - Montgom
County Pharmaceutical Associat
elected him its first honorary mem
He was credited with filling over
million prescriptions during his car

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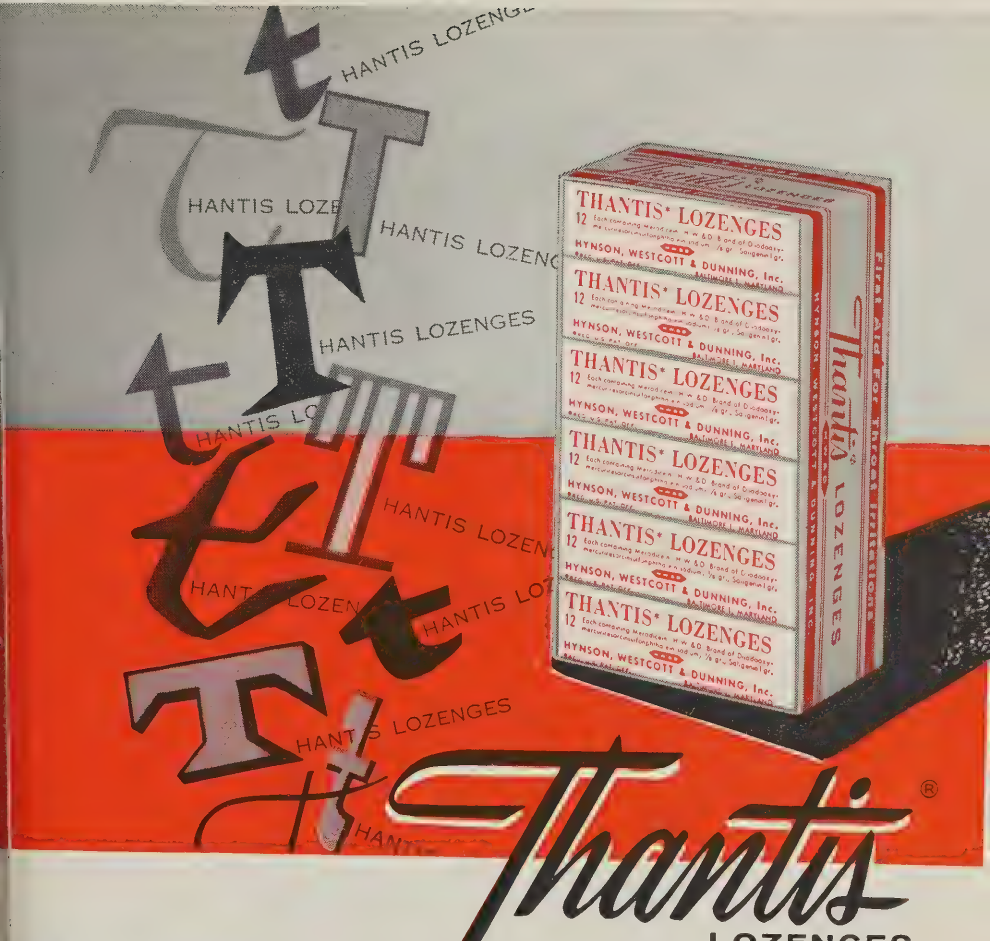
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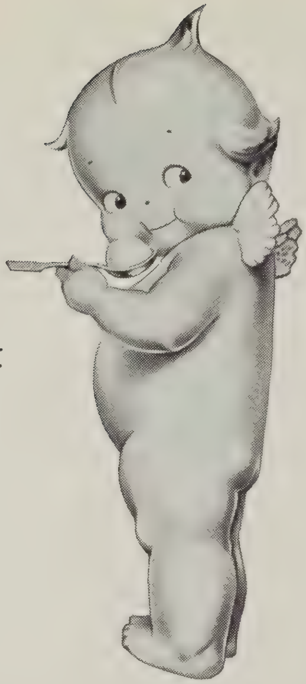

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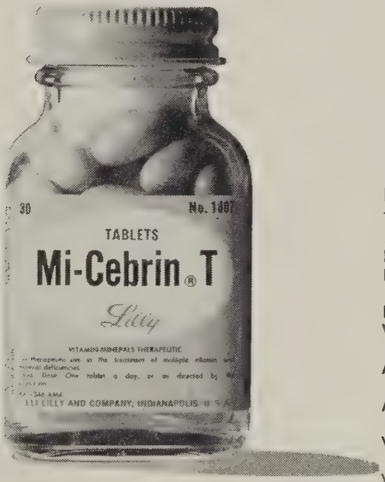

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL | FEBRUARY 1965 | No. 5

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HIGHLIGHTS IN THIS ISSUE

Page
Editorial—Prescription Prepayment Plans 392
President's Message 394
Secretary's Script 396
School of Pharmacy, U. of M., News 398
1965 - Graduating Seniors, U. of M., School of Pharmacy 402

Contributions:

Address of Thomas B. Finan, Attorney-General of Maryland 404
Diabetes and Antibiotic Agents—Peter P. Lamy, Ph.D. 406
Motivating Influences for Enrolling in Pharmacy College—B. F. Allen, Ph.D. .. 416
T.A.M.P.A. Tattler 420
B.M.P.A. President's Message 422
B.M.P.A. Committees for 1965 423
83rd Annual Convention—M.P.A. 425

News Items:

1965 Convention Committees 426
B.M.P.A. Officers—1965 428
B.V.D.A. News 430
Board of Pharmacy News 430
Space Medicine 432
Medical Use of Plastic Reviewed 438
Obituaries 439

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Editorial . . . . . .

Prescription Payment Plans

Pharmacy is seeing an ever increasing interest on the part of "third parties" in the medical care picture of the country.

Until two decades ago, almost all medical care was a matter of the patient dealing directly with the vendor of professional services—physicians, hospitals, dentists and pharmacists.

We have seen governmental involvement through "welfare" programs begin and grow. We have seen unions, private insurance companies, Blue Cross plans, the Veterans Administration and many other third party factors enter the picture.

There seems to be a growing feeling in this country that comprehensive medical, dental and related health care, including hospitalization and medication, must be made readily available to all persons.

In our particular field—the providing of necessary medication—we have been beset by much unfounded criticism and unfair demands.

The community pharmacist is the most accessible of the health professionals. It is the pharmacist providing pharmaceutical services that people are in most frequent contact. Those involved in clinical investigations or in research, development and manufacturing are far away behind the lines.

The pharmacist is in the front line.

One solution to meeting the problem of paying for prescription medication is by insurance—by a "prescription prepayment plan."

A number of experimental plans have been in existence in certain places, but the launching of comprehensive plans has had to be abandoned because of governmental anti-trust objections.

With the legal clearance of the plan of California Pharmaceutical Services, there now seems to be a working prescription prepayment plan. The Maryland Pharmaceutical Association is in contact with this group and, if at all feasible, will make the machinery available in the state of Maryland.

A representative of the plan will come from California to explain details at our forthcoming Annual Convention at the Hotel Dennis, Atlantic City, New Jersey.

It is our hope that with the clearance of legal matters pertaining to Maryland and with the participation of all pharmacists here, a plan will be formulated that is in the best interests of patient and pharmacist alike.

The Maryland Pharmaceutical Association will continue its resolve to assure that pharmaceutical services of the highest standards will be available, through the professional services of pharmacists, to all in need, with freedom of choice of pharmacist guaranteed to all.

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President's Message . . . .

Dear Fellow Members:

The highlight of the Association year is the Annual Convention. As one who has attended for many years, I can tell you that I have gained much in knowledge about pharmacy, about pharmaceutical problems on the state and national levels, and I have enjoyed myself thoroughly at the same time.

This is a combination hard to beat.

This year the Maryland Pharmaceutical Association will hold its convention at the elegant Hotel Dennis on the Boardwalk, Atlantic City, New Jersey, June 28 - July 1.

The program will include a first this year—a joint session on Monday, June 28th, with the New Jersey Pharmaceutical Association to hear addresses by national leaders in pharmacy. On Tuesday, a speaker from California will address us on the California "Prescription Prepayment Plan." Wednesday, we will have a panel presenting three different approaches to the promotion of the prescription department.

The entertainment features will include a trip to the Club 500, a most elaborate show by T.A.M.P.A., a professional floor show, and the Annual Banquet. Virginia Graham will present a program for L.A.M.P.A. and there will also be a fashion show, music, dancing, cocktail hours and recreational facilities for all age groups

With this preview, I urge all of you to plan to be with us at the Annual Con vention. Mark your calendar and return your forms when you receive them.

This is your Convention and the benefits and comradeship make this a mus for all in pharmacy.

Sincerely,

SOLOMON WEINER

President

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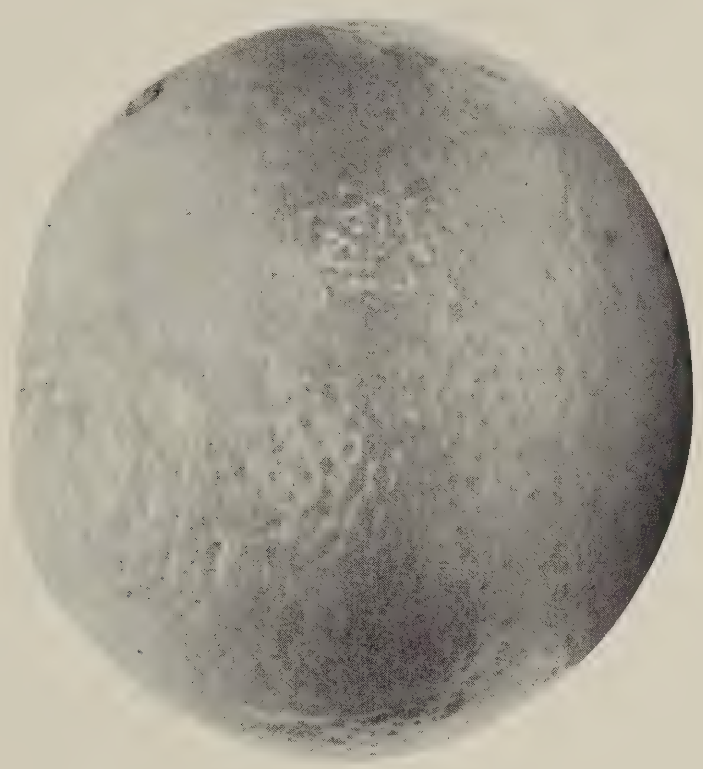

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Secretary's Script . . .

A Message from the Executive Secretary

Medical Care and M.P.A. Membership

Although a substantial portion of Maryland's pharmacists maintain membership in the Maryland Pharmaceutical Association, there are still a large number of pharmacists who have not joined or maintained their memberships.

Pharmacy is in a most critical stage of its evolution. Socio-economic change today occurs at a pace inconceivable just a few years ago. Changes that formerly took generations to complete now take just a few short years to exert their impact on practices in pharmacy.

The "good old days" are gone, never to be seen again. Pharmacists who merely look back are left behind the missile-speed changes of today. Those whose eyes are open can see the trends that will shape the future.

Among the developments whose impact on pharmacy is of the highest priority are governmental medical care programs. In Baltimore City alone *one out of ten persons* will receive government medical care (including MAA).

It is imperative that pharmacy in Maryland have a significant role in the policies involving the medication requirements of these many tens of thousands of people who are on public medical care programs.

The Maryland Pharmaceutical Association is recognized by the Governor, legislature, the State Department of Health and the State Board of Health as the spokesman for pharmacy in Maryland. It is the M.P.A.'s representatives who serve as advisors at all levels on policies involving pharmacy services.

In order to fully document our case for the adoption of proper policies and equitable pharmacy fees, we must be able to produce scientifically based data which will be recognized and accepted as irrefutable.

Data of the scope, depth and validity that is required to influence government administrators and legislators requires the employment of experts, involving the expenditure of substantial sums of money.

This is where the support of the pharmacists of the State must come in. If they wish to have their voices heard . . . if they are dissatisfied with the status quo . . . if they wish to influence matters so that they will be justly treated . . . then all pharmacists must support the M.P.A. through their own membership and through working to see that every pharmacist they know and every pharmacist they are associated with is a member of the only organization that is in a position to contribute to the achievement of their goals.

Complete mobilization of pharmacists in Maryland behind this campaign is the only way to progress through the many conflicting interests and pressures exerted upon government.

Nathan I Gruz

Executive Secretary

CHANGE OF ADDRESS

When you move—

Please inform this office four weeks in advance to avoid undelivered issues.

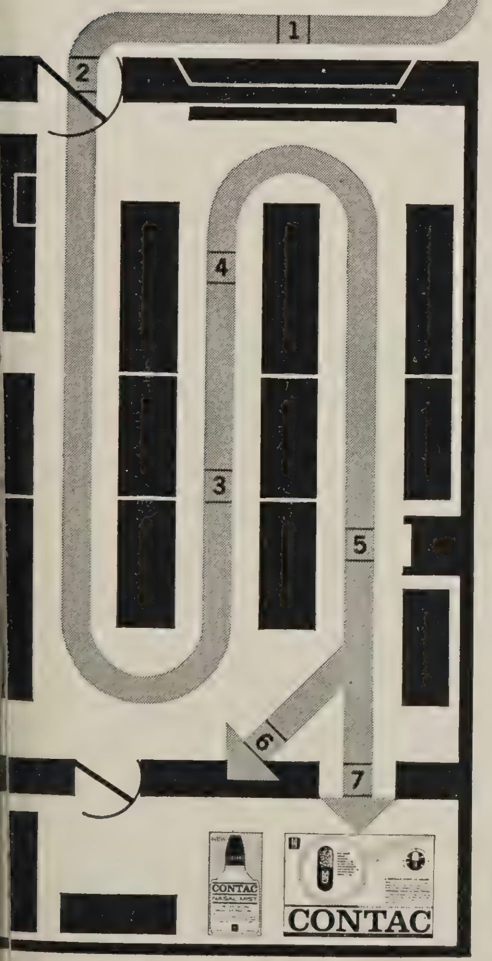
"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of The Maryland Pharmacist and all mail, kindly notify the office when you plan to move and state the effective date.

Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

FOLLOW THIS MERCHANDISING MAP TO INCREASED SALES AND PROFITS ON **CONTAC**® CAPSULES AND NEW **CONTAC*** NASAL MIST



These 7 merchandising hints—proved successful in thousands of pharmacies—can help you bring even more of the "cold business" profits back to your pharmacy this fall and winter.

1 Maintain window displays of Contac capsules and Contac Nasal Mist, using promotional materials available from your MenJ or SK&F representative. (Or write MenJ Sales Promotion Department.)

2 Use a permanent Contac capsule decal on your front door throughout the cold season. (The reverse side helps you by reminding customers to "buy all your health needs at your pharmacy.")

3 Make sure you display several facings of Contac capsules in your cold products section.

4 Place at least a half-dozen packages of Contac Nasal Mist in your nasal spray section.

5 Use a Contac capsule window decal on telephone booth doors, too.

6 Display both Contac capsules and Contac Nasal Mist near your cash register on the wrapping counter, in the compact, sales-building display packers. (Or use the attractive counter unit included in the Contac capsule fall 2 Gross Deal.)

7 Make sure you have enough stock to last throughout the cold season, and keep most of it on display.

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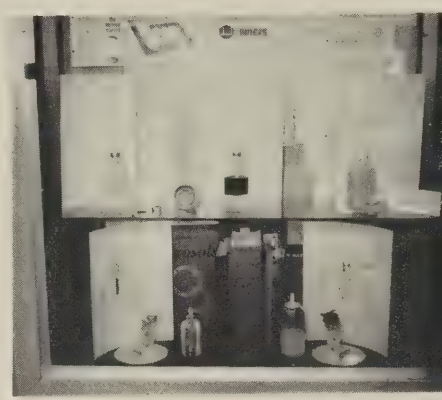
School of Pharmacy, U. of M., News ......

University of Maryland School of Pharmacy Aerosol Display

AEROSOL
mechanisms



"The Pharmaceutics of Aerosols" was the theme for the first display by the School of Pharmacy in the Health Sciences Library of the University of Maryland, Baltimore Campus. Aerosols were selected because of their interest to students and faculty of the other professional schools, e.g. medicine, dentistry, and nursing.

The display was of components, principles, literature and materials, the joint creation of Dr. Peter Lamy, Dr. Ralph Shangraw, David Richman, and William Edmondson, president of the Joint Student Chapter of the American Pharmaceutical Association and the Maryland Pharmaceutical Association.

Aerosols are the subject of lectures in both graduate and undergraduate courses in the Pharmacy School and the courses utilize an extensive aerosol laboratory. Instruction is given by Dr. Lamy and Dr. Shangraw. Mr. Richma is the recipient of a graduate fellowshi grant from the John C. Stalfort Co Baltimore custom filler, and is workin toward his Ph.D. degree in the area c pressurized foams.

Joint Student Branch—A.PH.A.—M.P.A.

The following report was submitte by Michael Walsh, Secretary of th Joint Student Branch of the America Pharmaceutical Association and Mar land Pharmaceutical Association of th University of Maryland School of Phar macy.

Minutes of the AphA-MPA studei Branch Meeting

Date: Tuesday, January 19, 1965
Time: 1:00 p.m.
Place: Room 1, School of Pharmac
University of Maryland
Speaker: Dr. Stuart H. Brager, M.D.
Topic: The Physician-Patient Relation ship

Summary:

Remember that this relationship is triangle and at the vertex is t patient.

History: Pharmacy became a distin profession in the U.S. during t

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revolutionary war, and in European 1240. Associations sprang up in the 19th century not long after the AMA was formed.

This relationship comes into play in 2 distinct circumstances:

1. When a new Pharmacist enters an area of established medical practitioners.
2. When a new physician enters a neighborhood

There are three A's for success

A—Availability—to sacrifice and work later or leave the house for a single patient, this is the cornerstone of medical practice and applies to all members of the health team.

A—Affability—Earnestly try to get along with our contemporaries, even if it means swallowing one's pride in some instances, but not to the point of subservience.

A—Ability—Only hire those who you are sure are capable; constantly read journals to keep abreast.

Ingredients to stimulate a good relationship:

1. Personal contact—call on the physician, let him know your specialties, and your hours, ask about the item he utilizes and prescribes which you might not carry, so you may order them.
2. Call New Physicians — introduce yourself, and introduce him to other local practitioners.
3. Those well established—continue to be of service by keeping accurate records to check on the physician, e.g. family files—record idiosyncrasies and adverse drug reactions.
4. Patient—if he should ask what the medicine is for; tell the patient that some drugs are used for many purposes and you can not be sure of the physician's intention in each case, but if they would ask their doctor he would gladly discuss it with you.
5. Thinks counter prescribing is overestimated; perhaps the threat of malpractice suits is a deterrent.
6. The pharmacy can become a local journal club for physicians; one idea that is catching on is the "Coffee Corner."

The Pharmacist beyond the community pharmacy:

1. Duty of an educated person as a integral part of society, to take an active civic role.
2. A definite member of the health team, socialize with them.

Hospital Pharmacist—relay information, responsibility to make sure that the formulary is economical and liberal enough to meet patient needs. Also be diligent in deleting old drugs.

Manufacturing—Of the 200 most prescribed drugs, 175 came after WW II; 95% of these breakthroughs came from the U.S.

Other incidental Points:

It is the Physicians' duty to write legible prescriptions.

Don't fill without authorization; secretaries and nurses do not have this authority; make sure they have checke

Imprinted Prescription blanks — th patient should have his own choic Fortunately Maryland Has a law prohibiting this practice.

The physician writes generics as favor to the patient or to the pharmacist (economic). He does in good fait and with the understanding that quality drug will be dispensed.

Biographical: Dr. Brager along with b ing a Physician is also a graduate the University of Maryland, School Pharmacy.

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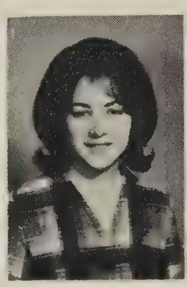
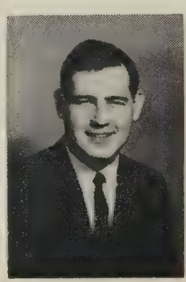
CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE

1. Brauner, Robert P.
2. Oyster Bay, N.Y.
3. Baltimore-Washington, Eastern Shore

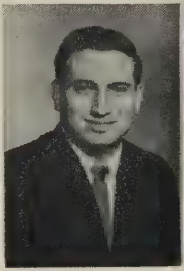
1. Brundelre, Robert
2. Catonsville, Md.
3. Catonsville



1. Caplan, Suzanne J.
2. Baltimore
3. Baltimore

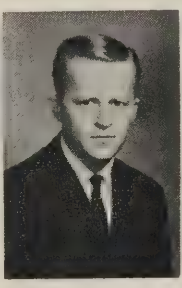


1. Catlett, Leon R.
2. Fairplay, Md.
3. Western Maryland

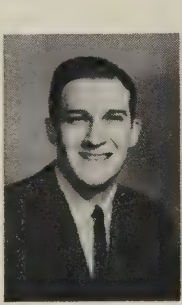


1. Cavoures, James A.
2. Baltimore
3. Baltimore

1. Conrad, John W., Jr.
2. Baltimore
3. Baltimore & Area

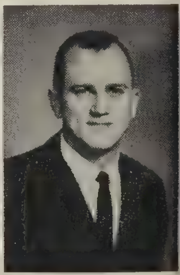


1. Cooney, John R.
2. Baltimore
3. Maryland



1. Cysyk, Richard L.
2. Baltimore
3. Baltimore

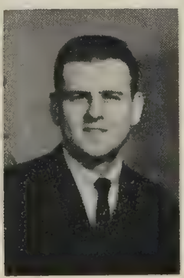
1. Dolecek, Gayle R.
2. Forest Heights Md.
3. Baltimore



1. Elliott, William R.
2. Salisbury, Md.
3. Salisbury, Md.

1. Frangakis, Mina S.
2. Baltimore
3. Baltimore

1. Gamerman, Marvin I.
2. Baltimore
3. Baltimore or surrounding area



1. Glover, Wayne A.
2. Westminster, Md.
3. Carroll County

1. Goldberg, Marvin
2. Baltimore
3. Baltimore or surrounding area

1. Hoffman, Robert W.
2. Abingdon, Md.
3. Harford Count

Graduating Seniors—U. of M. School of Pharmacy

CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE

Kroopnick,
Robert B.
Baltimore
Baltimore

1. Miller, Harris L.
2. Baltimore
3. Baltimore & Suburbs

1. Mintz, Martin B.
2. Baltimore
3. Baltimore

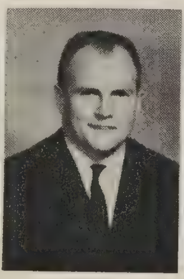
1. Myers, Mary L.
2. Mt. Airy, Md.
3. Baltimore-Washington Carroll County

1. Rachanow, Gerald M.
2. Baltimore
3. Baltimore or surrounding area

Schutz,
Charles J.
Baltimore
Baltimore

1. Sollod, Ralph M.
2. Baltimore
3. Baltimore

1. Walsh, Michael J.
2. Baltimore
3. Baltimore



1. Williams, C. Bennett, Jr.
2. Baltimore
3. Baltimore City or County

1. Wolfson, Israel D.
2. Baltimore County
3. Baltimore Metropolitan Area

Plan To Attend The

MARYLAND PHARMACEUTICAL ASSOCIATION

83rd ANNUAL CONVENTION

June 28, 29, 30, July 1, 1965

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Contributions . . . . . .

Address of Thomas B. Finan, Attorney-General of Maryland

Installation Dinnnr Meeting
Baltimore Metropolitan
Pharmaceutical Association
Emerald Gardens
January 14, 1965

It is a personal privilege and pleasure for me to be here with you this evening. I have, in the past, been very close to the pharmaceutical profession and have appeared before similar meetings of pharmaceutical groups, but your recognized stature in the pharmaceutical community makes this a particularly welcomed occasion.

On many occasions, I am requested to speak about the functions and operation of the State Law Department where, of course, as Attorney General, I am chief legal officer of the State and represent the State in its various legal activities.

However, I am going to deviate from these typical types of remarks and talk to you today about problems which I think are of significance to you who represent pharmacy in your community.

First, I am extremely concerned with the current crime situation which has become prominent in our urban areas of the State. This is emphasized by the "Box Score" of local crime which is reported daily in one of our major local newspapers. Many of you gentlemen, as pharmacists, have been victimized either by robbery or other types of criminal activity with alarming regularity. It is this breakdown of law and order which gives me such great concern and I wish to direct my remarks this evening.

I believe that we are faced with a problem which requires the best thinking of all citizens of the community and not merely those who are responsible for law enforcement. It requires the attention of all of us, the lawyers, the educators, those who are devoted to religious activity, and particularly those people who have contact with the community on a day-to-day basis. We must now make it an individual effort to restore peace and tranquility to our various neighborhoods. How can you help in this endeavor? First, I believe that a program of better education of our youth is necessary so that they can be taught to understand and appreciate the rule of law; that they may be taught to appreciate that conformity to standards of society is a great virtue and that their education is a meaningful step in the process of maturation so that they will grow to be responsible citizens. This may be done by supporting your community's school programs by assisting the PTA's and other projects in the school, by frankly talking to those youths and parents who come to your pharmacy about the benefits and rewards from furthering their education. As you all know, school drop-outs today are on a frightening incline and these adolescents represent a potential criminal element because of thei inabiilty to adjust to the rigors of society. Your assistance in this way, although small as it may seem, will pay off with results in the future.

One of the alarming things to me is the disregard and contempt with which law enforcement officers are held by certain individuals in our community When I was a youth, the policeman wa regarded as a friend and protector. H was honored and respected by all in th community. I think effort must be mad to restore the public image to the police man as being a person of integrity; wh is doing a worthwhile service for th assistance of the community. We mu eliminate the present image held b many that the policeman should b ridiculed and subjected to scorn.

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I am also deeply concerned with you about the trend of our economy and particularly how it relates to you, the pharmacist. Small business today has a hazardous and rough road to hoe. I know you gentlemen in your professional aspects have tried to meet the competition from the large chains, the discount houses, and other types of predatory merchandising operators. How can you best do this? My own opinion is to elevate your profession with a high quality service that you have rendered in the past and that you will continue to render. You must take necessary professional upgrading steps both in the operations of your pharmacies and in your relationships to the community in which you serve. I understand that through your association efforts have been made over the past several years to add professional recognition to this revered profession which has served the health needs of the public for these many centuries. I understand this program will continue and you can be assured that my spirits are with you in the achievement of this worthwhile goal. I wish to also emphasize that I believe the citizens of our great metropolitan areas rely on the neighborhood pharmacist. He is more than just a business man; he is in many cases a guiding light of the neighborhood and he is the person to whom small health and medical problems are presented and he is the one who assists in the resolution of these day-to-day encounters. It is for this obvious reason that I think it is imperative that you, through your association, and the public speaking through their representatives in the General Assembly in Annapolis and in the Congress of the United States, take appropriate action to preserve this institution of the neighborhood pharmacist. I know that the pressures are sometimes great upon you, however, I think the rewards and the satisfaction that you get from serving your friends and neighbors are well worth standing these pressures of our time.

The purpose of this fine occasion is the installation of your new officers. May I commend you on your excellent selection of leaders for the ensuing term. You have been quite fortunate to get men of such character and ability to lead you during the days ahead. However, through this leadership, I am sure that further steps will be taken to the ultimate achievement that you so richly deserve. Give your officers the support they need; assist them in every way possible since by this mutual cooperation, the goals are not unattainable. Again, I want to thank you for inviting me to be with you and I hope that I may again come back to spend happy moments with you such as these.

Diabetes and Antidiabetic Agents

Peter P. Lamy, Ph.D.

Assistant Professor of Pharmacy

University of Maryland, School of Pharmacy

Diabetes mellitus or "Diabetes" as it is commonly called, is probably the most important metabolic disease affecting man. In the United States, there are about one and one-half million known diabetics and probably one million undetected cases.

Diabetes should not be confused with Diabetes insipidus, which is a rare disease of pituitary origin characterized by the excretion of large volumes o dilute urine. Diabetes insipidus is treate and controlled with pituitrin.

Cause and Symptoms of Diabetes The cause of diabetes mellitus is no known. The condition arises, howeve when a patient either lacks the bet cells of the Islets of Langerhans, or these cells do not secrete or secrete onl insufficient amounts of the hormone insulin. Insulin is necessary for the metabolism of carbohydrates. A faul carbohydrate metabolism in turn w affect the metabolism of protein an fat.

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Three primary symptoms are usually found in patients afflicted with diabetes:

1. Polydypsia—excessive thirst.
2. Polyphagia—excessive hunger, and
3. Polyuria—excessive urination

Additionally, diabetics usually will show increased susceptibility to infections and peripheral vascular disease, as well as pruritus and loss of energy.

Types of Diabetes: Diabetes can be classified according to its response to insulin treatment.

1. Stable Diabetes: Patients in this category may or may not require insulin. Acidosis develops only under unusual stress, serious illness, or infection. Although not prone to acidosis, patients still suffer the usual symptoms. Happily, these patients can often be controlled by strict diet alone. If they do require insulin, they are usually relatively insensitive, e.g., they can tolerate fairly long periods without medication, can miss meals, and relatively large changes in insulin dosage may not affect them adversely.
2. Insulin-Dependent Diabetes: About 25% of all diabetics must be classified in this category. Small changes in insulin dosage may cause hypoglycemia, as may a missed meal or significant exercise. Patients are so sensitive to insulin that lack of administration of insulin or uncontrolled deviation from scheduled administration of insulin may cause severe effects which may be followed by diabetic ketoacidosis and coma. Brittle or juvenile diabetes is classified as an insulin-dependent type of the disease. Patients afflicted with juvenile diabetes do not respond to any oral hypoglycemic agents.

Diagnosis of Diabetes: For the detection of diabetes, tests based on urine sugar levels are not reliable. The only reliable method is the Glucose Tolerance Test.

Treatment of Diabetes: Currently, three different types of treatment are available:

1. Hormonal replacement, e.g., the administration of insulin
2. Pharmacodynamic, e.g., the use of oral hypoglycemic agents
    a. Biguanides—Phenformin (DBI)
    b. Sulfonylureas — Tolbutamide (Orinase), Chlorporpamide (Diabinese) and Acetohexamide (Dymelor)
3. Combined Therapy
    a. Insulin with biguanides
    b. Biguanides and sulfonylureas

Recent studies have shown that, contrary to previous beliefs, there may b value in combining Tolbutamide wit Insulin, particularly where Insulin requirements are large.

Effects of Hypoglycemic Therapies:

Agent	*Blood Sugar*	*Urine Sugar*	*Keto Acidosis*	*Fat Synthesis*	*Weight Change*
Insulin	Decreases	Decreases	Prevents	Increases	Increase
Biguanides	Decreases	Decreases	Prevents	Decreases	Decrease
Sulfonylureas	Decreases	Decreases	Prevents	Increases	Increas

Insulin

Insulin is secreted by the pancreas. It was first crystallized in 1926. It is a protein consisting of three different polypeptides. Two chains of amino aci are connected through the amino ac cysteine and in order to function, t molecule must be intact.

For commercial use, insulin is derived from the pancreas of cattle or swine. It is thus a foreign protein and on occasion will produce a foreign protein reaction in some people. Due to its proteinaceous nature, it is destroyed by proteolytic enzymes and must, therefore, be administered parenterally.

A large variety of insulin preparations with different characteristics is marketed. Careful adjustment of the timing of food ingestion, physical exercise, and insulin injections makes it possible to give each patient a more or less uniform day-to-day control. Purpose of this is to avoid too much blood sugar (hyperglycemia) or too little (hypoglycemia). Sugar tolerance is lowest in the morning and hyperglycemia develops most easily after breakfast.

Hyperglycemia (also called hypoinsulinism or diabetic coma) can frequently be controlled by a variation in nsulin dosage, or, in an emergency, by njection of insulin. Hypoglycemia (also alled insulin shock), if it is not severe, an be controlled by eating sugar or andy. Severe cases are often treated y the administration of Glucagon Lilly) which is an anti-insulin product ound in the pancreas.

Available insulin can be classified into hree groups:

Rapidly Acting Insulin (best administered 15-20 minutes before meals)

(a) Crystalline Zinc Insulin or Regular Insulin

(b) Semi-Lente Insulin

peed—becomes effective about 15 minutes after injection

tensity—most intense in 3 hours

uration—about 6 hours

yperglycemia—during night

ypoglycemia—10:00 a.m. to lunch

Intermediate Acting Insulins (best adinistered 1 hour before breakfast)

(a) Globin Insulin with Zinc

(b) N.P.H. Insulin

(c) Lente Insulin

eed—within 2-4 hours

tensity—8-10 hours

ration—24 hours

Hyperglycemia—before lunch

Hypoglycemia—3:00 p.m. to dinner

Long Acting Insulins (best administered 1 hour before breakfast)

(a) Protamine Zinc

(b) Ultra-Lente Insulin

Speed—begins about 6 hours after injection

Intensity—16-20 hours

Duration—24-36 hours

Hyperglycemia—before lunch and at bedtime

Hypoglycemia—during the night or before breakfast

Insulin Products:

Several of the insulin preparations are milky suspensions, with the activity residing in the suspended particles. These preparations must be *ROTATED* in order to form a uniform suspension. They should not be agitated vigorously, since the activity of the insulin may be destroyed by shaking.

Crystalline Insulin

A clear solution. pH 3 -3.5

Zinc is added to produce crystals and a more purified product

Several doses a day are required

Contains glycerin to increase stability

Protamine Zinc Insulin (PZI)

A milky suspension. Rotate. pH 7.4

Action may be too long. Often mixed with regular insulin.

Contains a foreign protein: Protamine

Globin Insulin with Zinc

A clear solution. pH 3.4 - 3.8

Do not mix with N.P.H. or PZI. Can be mixed with regular insulin.

Contains foreign protein: Globin, from sheep's blood

Isophane Insulin (N.P.H.)

A milky suspension. Rotate. pH 7.1 - 7.4

Contains 2 parts of plain insulin and 1 part of PZI, but in a single, crystalline form.

Lente Insulin

A milky suspension. Rotate. pH 7.1 - 7.4

A combination of 30% Semi-Lente and 70% Ultra-Lente

An intermediate insulin that does not contain any foreign protein.

Semi-Lente

A milky suspension of amorphous material. Rotate. pH 7.2

Used to prepare Lente Insulin.

Ultra-Lente

A milky suspension of crystalline nature. Rotate. pH 4.5 - 5.7

Used to prepare Lente Insulin.

The suspension products should not be used if the suspended particles have become agglomerated or granular in appearance or if deposits have formed on the walls of the vial. Clear solutions should be discarded if discolored or if a precipitate has formed.

Coding of Insulin

In order to help patients avoid errors, insulin preparations are coded as follows:

U— 40	Red
U— 80	Green
U—100	Orange

In addition, products by the Eli Lilly Company can be distinguished by the shape of the vial:

Insulin and PZI: Round
N.P.H.: Square
Lente: Round bottle with hexagonal neck

Mode of Action of Insulin:

The mechanism of action of insulin is not exactly defined. It is thought to act indirectly by inhibiting substances which might prohibit the formation of glucose-6-phosphate, thus increasing the amount of glucose transferred into the blood. A newer theory has been advanced which states that the prime function of insulin seems to be that of glucose transport into the cell, e.g., insulin would have an active part in glucose transfer.

Side Effects of Insulin Treatment

True allergy to insulin is rare. Allergic reactions are most often due to the modifying protein present in the formula. In order to reduce the possibility of local reactions, the site of injection should be changed frequently. Even though, the following side effects may occur:

1. Skin Reactions at Site of Injection
    - Lipoatrophy (which occurs mostly in female patients)
    - Lipohypertrophy
2. Allergic Reactions
    - Urticaria, Edema, Swelling

Oral Hypoglycemic Agents

Sulfonylureas: On observation made during the intensive investigation of sulfonamides in the early 1940's was the fact that sulfanilamide caused a reduction of blood sugar. This lead to extensive tests of the sulfonamides for possible use as oral hypoglycemic agents and since then, many compounds have been tested. Up to date, however, only four are on the market, three of which are sulfonylureas and one a biguanide.

A careful evaluation of these agent shows that only about 10% of all patients are completely suited for their us although fair to good response to carefully selected agents is obtained in abou 50% of diabetics over 35-40 years o age.

An inherent danger in the use of thes agents is the false sense of security th patient sometimes develops. Due to th ease of administration and other factors, the patient is liable to pay less attention to diet and other factors. Consequently, many cases of hypoglycemi reactions have been reported. It shoul be kept in mind that insulin will alwa work, while the tablets are less pr dictable.

The primary action of the sulfony ureas is one of increasing the relea of endogenous or native insulin fro the pancreas. Thus, in order for the compounds to be effective, the patie must liberate some insulin. Thus, patients classified as being afflicted wi juvenile or insulin-dependent diabe cannot be treated with the oral hyp glycemic agents. This is true since th do not have an insulin-like activity only seem to stimulate the patient's o release of insulin.

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Side effects of the sulfonylurea compounds are generally not severe and are mostly transient. The most dangerous is, of course, the danger of hypoglycemia if the patient is not well controlled, especially when a patient is changed from insulin to an oral drug. Other transient effects may include urticaria and other skin reactions, gastrointestinal upset, headache, alcohol intolerance, and a general weakness.

Tolbutamide (*Orinase*): The drug is absorbed rapidly from the gastrointestinal tract. It has a metabolic half-life of about 4.7 hours, which means that it is necessary to administer multiple doses daily.

About three percent of patients selected for treatment with this drug experience side effects. Patients must be carefully educated in order to prevent the possible development of hypoglycemia.

The usual dose range is from 0.5 Gm. to 2 Gm. daily but the dose must be individually adjusted and maintenance depends on how well hyperglycemia is controlled. Frequent tests for ketone bodies and glucose are important since several cases of secondary failure have been reported. Secondary failure is a sudden lack of response to treatment after initial success.

Chlorpropamide (*Diabenese*): This differs from tolbutamide by the inclusion of a chlorine group in the molecule. This additional halogen group imparts to the drug a much longer action (metabolic half-life is 35 hours) and much slower excretion. Thus, there is always the possibility of a cumulative effect and over-dosage. The dose required ranges from 0.125 Gm. to 0.5 Gm. once daily. About eight percent of patients experience side effects. Liver toxicity, photosensitivity, and agranulocytosis have been reported in patients using this drug, and although the incidence is not great, it does represent a possibility. Hypoglycemia is more likely to occur with this drug than with tolbutamide.

Acetohexamide (*Dymelor*): This is the newest of the sulfonylurea compounds. It is claimed to be unusually free of side effects and its use is suggested in stable diabetes. It has also been suggested for use in patients with primary and secondary failures with other oral antidiabetic drugs.

Currently, it is available in 0.5 Gm. tablets and its suggested dose is one or two tablets daily. The manufacturer, however, has reported that the metabolite of this drug also seems to be a hypoglycemic agent and is reported to be ready to market a 0.25 Gm. tablet.

Biguanides: The precise mechanism of action of the biguanides is not known It is known that the biguanides produce hypoglycemia in a manner different from that of the sulfonylureas. They are apparently promoters of intracellular glycolysis, exerting a "pull" on extracellular glucose from within the cel which will result in a lowering of bloo sugar, and increased glucose utilization

Phenformin (*DBI*): This product ha been suggested for use in patients wit brittle or juvenile diabetes. It is frequently used on combination with on of the sulfonylurea compounds and i combination with insulin, which affor smooth control of the patient. It ha also been strongly recommended in secondary failures.

Frequent gastrointestinal side effec occur in a large percentage of patient This can at times be controlled whe dosage is increased in small incremen or by use of a slowly disintegratin tablet, which is also available. Oth side effects are anorexia, nausea a vomiting and a pronounced metal taste.

The usual dose is 0.075 Gm. to 0.1 G daily in three divided doses.

Experimental Drugs: A number drugs are currently under investigati both in the United States and in Euro The following should be mentioned:

CI-546 (Parke Davis), which also h a diuretic effect

Glycodiazine (Organon, Holland). Extensive articles on this drug have already appeared in the European literature.

Cycloheptolamide (Upjohn)

Summary: A wide variety of preparations with different characteristics is available to the diabetic patient. A pharmacist well informed on the limitations and use of all these agents can give valuable assistance to both physician and the diabetic patient.

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VING THE PRACTICE OF PHARMACY

Motivating Influences For Enrolling in Pharmacy College

By B. F. Allen, Ph.D.
University of Maryland

It has been recently reported that Pharmacy college enrollment figures are climbing back to the peak reached at the end of the era for the 4-year course. This upturn in enrollments is both comforting and encouraging to many who have an interest in maintaining a continuing supply of pharmacists, and also, probably insures the future of the profession. It is interesting to note that some attribute this uptrend to the general explosion in college population and the recruitment work by various groups on Careers in Pharmacy.

The following information was recently obtained in a survey conducted among the students in their last 3 years at the School of Pharmacy, University of Maryland (Baltimore Campus).

TABLE I

Reasons for Entering Pharmacy College

	Year			Total
	(3)	(4)	(5)	
Recruitment Program	0	1	1	2
Practicing Pharmacist	11	4	5	20
Teacher or Counselor	1	1	1	3
Family Influence	5	8	0	13
Pharmacist Family Member	8	5	5	18
Friend	2	0	0	2
Pharmacy Student	0	1	2	3
Science Interest[a]	3	11	6	20
Other[b]	4	3	3	10
Total Reporting	34	34	23	91

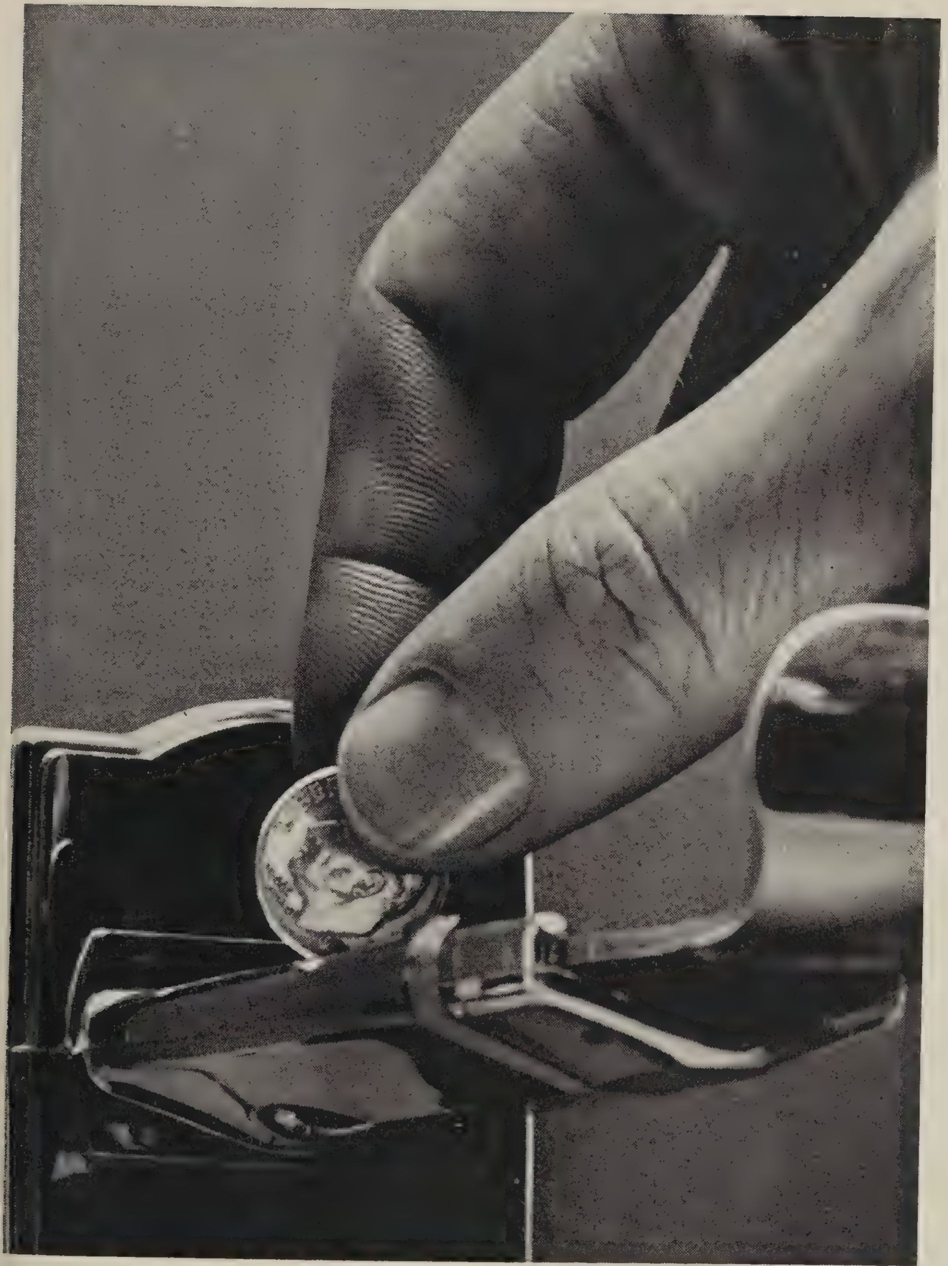
[a] Includes biology, chemistry, medicine and research

[b] Some reasons given:

1. Pharmacy is a good profession
2. Medical service representative
3. Pharmacy is a profession where one can help others who are unable to help themselves
4. Wholesaler
5. Pharmacy is a business and a science
6. Job security
7. Veterinarian

TABLE II

High School Attended	Year			Total
	(3)	(4)	(5)	
Forest Park	4	2	2	10
Baltimore City College	12	12	6	30
Dundalk	1	1	1	3
Suitland	1	0	0	1
Easton	1	0	0	1
Calvin Coolidge, (Washington, D.C.)	2	0	0	2
LaSalle, (Cumberland, Md.)	1	0	0	1
Brooklyn Park	1	0	0	1
Edmondson	1	0	0	1
West York, (York, Pa.)	1	0	0	1
Patterson	1	0	0	1
Stephen Decatur (Berlin, Md.)	1	0	0	1
Loyola	2[c]	0	1	3
Westminster	1	0	1	2
Baltimore Polytechnic Institute	1	2	0	3
Kenwood	1	0	1	2
Fort Hill (Cumberland, Md.)	1	0	0	1
Notre Dame Preparatory	1	0	0	1
Glen Burnie	0	1	0	1
Anacostia (Washington, D.C.)	0	1	0	1
Calvert Hall	0	2	1	3
Towson	0	1	0	1
Milford Mill	0	2	0	2
Towson Catholic	0	1	0	1
Rehoboth (Rehoboth Beach, Del.)	0	1	0	1
Mount St. Joseph	0	1	1	2
High Point (Beltsville, Md.)	0	2	0	2
Sparrows Point	0	1	0	1
Catonsville	0	1	1	2
St. Peter's (Westernport, Md.)	0	1	0	1
Villa Joseph Marie (Buck's County, Pa.)	0	1	0	1
Edison Vocational & Technical (Mt. Vernon, N.Y.)	0	0	1	1
Edgewood	0	0	1	1
Bel Air	0	0	1	1
McDonogh	0	0	1	1
Eastern	0	0	1	1



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Wicomico (Salisbury, Md.)	0	0	1	1
Oxon Hill (Oxon Hill, Md.)	0	0	1	1
Williamsport (Williamsport, Md.)	0	0	1	1

[c] One student also attended Edmondson

TABLE III

Pre-Pharmacy Institution	Year (3)	(4)	(5)	Total
University of Maryland	27[d]	33[f]	22	82
Baltimore Junior College	3	0	0	3
Frostburg State	1	0	0	1
Montgomery Junior College	0	1	0	1
Loyola College	1	0	0	1
Potomac State College (Keyser, W. Va.)	1	1	0	2
York Junior College (York, Pa.)	1[e]	0	0	1
University of South Dakota	0	0	1	1

[d] Some students also attended other institutions:
Four—Baltimore Junior College
One—Towson State as well as Baltimore Junior College
One—George Washington University as well as University of Baltimore
One—University of Utah

[e] Also attended University of Denver

[f] Some students also attended other institutions:
Three—Baltimore Junior College
One—Towson State, Loyola as well as Baltimore Junior College
One—American University
One—Lehigh University

TABLE IV

Career Plans of Fifth Year Students	Year (3)	(4)	(5)	Total No.
Retail Pharmacy				15[g]
Graduate School				5
Public Health Service				1
Undecided				4
Total Reporting				25

[g] Two students have alternate plans: one in hospital pharmacy and the other in sales.

In this survey it is noted that the practicing pharmacist and pharmacist family members are important factors responsible for influencing young people to enroll in the school. Science interests have stimulated many to the study of pharmacy and this may be an indication that a large percentage of the future pharmacists are interested in working outside of the traditional retail environment.

The reasons for entering pharmacy school obtained in this survey are very similar to those reported in This Journal (March, 1960, page 482) when the 4-year program was still in effect.

At that time, the author pointed out the great need for effective ways and means in which the recruitment programs can be directed toward the parents of future pharmacy students. Now, in addition, there should be a program of action to increase community understanding of pharmacy which could help solve some recruitment problems.

Recent statements that more pharmacies will convert soon to apothecary-type pharmaceutical service centers suggests that this can create new interest among young men and women (with science interests) who are seeking a professional career.

Pharmacists who offer young people summer employment will be using a productive tool for career guidance. Careful selection of summer help along with some pharmacy orientation may very well influence the career choice of a first or second year college student.

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Volume 23 **FEBRUARY 1965** **No 4**

T.A.M.P.A. Convention Committees

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Banquet: B. Dorsey Boyle, George H. A. Kommalan.

Registration: Joseph J. Hugg, Chairman; H. Sheeler Read, Lou Rockman, B. Dorsey Boyle, Robert A. Williams.

Prizes and Awards: John A. Crozier, Chairman; Lou Rockman, H. Sheeler Read.

Attendance: John Cornmesser, Chairman; C. Wilson Spilker, Alfred E. Callahan.

Entertainment: Herman Bloom, Chairman; Al French, Leo Kallejian, Joseph Grubb, Howard Dickson, Bernard Ulman, Jr., Morris Rockman, Frederick H. Plate.

T.A.M.P.A.

The annual, long awaited, Oyster Roast of the TAMPA was held Saturday, February 6th at the Knights of Columbus Hall in Highlandtown. A very large, hungry and happy crowd attended.

This event is the high spot of TAMPA's activities and is looked forward to by all members.

Plenty of Oysters, Hot Dogs, Stews, Fritters, etc. were consumed. A dinner, late in the afternoon, was served.

Those attending over-ate and had a very enjoyable social afternoon.

* * * *

Ab Leatherman, enjoying his 10th month of retirement, has built a cabin retreat between Frederick and Hagerstown, Maryland. Ab invites all his friends to come and visit him. His cabin is on route No. 153—12 miles above Frederick, Maryland.

* * * *

Jack Elbon of Bauer & Black Company will move to Chicago, Illinois as new merchandise man. Mr. Ronald Woerner will take over in this local area. Jack will be missed.

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President Al Callahan and his lovely wife Ruth, had a very enjoyable visit to Hawaii.

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PRESIDENT'S MESSAGE
Baltimore Metropolitan Pharmaceutical Association

It is gratifying to see a good number of loyal members attending the regular meetings, Installation Dinner meeting and committee meetings. Unfortunately, we do not see many other of the members regularly and sometimes we do not see them at all.

Our various functions and affairs are arranged after much planning and effort for purposes of information, education and to assist you in your practice of pharmacy. In addition, many programs will improve management practices in pharmacies or are to recognize those whose devoted efforts have contributed to progress for pharmacy.

Your support of your local association will enable us to continue our efforts to work in your behalf in a united manner. The B.M.P.A. will publish a new directory of member pharmacies, with a listing of pharmacy hours and emergency telephone numbers. These directories will be distributed to physicians and police stations. The pharmacies of members only will be listed.

If you have not paid your 1965 membership dues, do so at once so we can include your pharmacy. A form will be mailed to members requesting them to give the Association the necessary information for directory listing.

Again, let me urge all pharmacists in the greater Baltimore area to attend the meetings of the B.M.P.A. It has been well said that an informed pharmacist is a more effective pharmacist.

Sincerely,

MARION R. CHODNICKI
President

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NEWS ITEMS . . . . . .

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Virginia Graham Convention Feature

Virginia Graham, goodwill ambassador for the Clairol Company, who conducts her own television program, "Girl Talk," will be the featured speaker on the program of the Ladies Auxiliary of the Maryland Pharmaceutical Association at their Annual Meeting.

The Annual L.A.M.P.A. Meeting will be held in conjunction with the M.P.A. 83rd Annual Convention at the Hotel Dennis, Tuesday, June 29, 1965.

All members of the Maryland Pharmaceutical Association, their guests and friends are invited to hear this exciting, nationally renowned personality.

The normal ear is so sensitive it picks up sounds every waking and sleeping moment.

Convention Time Coming Up

The Maryland Pharmaceutical Association's Annual Convention will be held on June 28, 29, 30 and July 1, 1965, at the Dennis Hotel, Atlantic City, N.J.

What are Conventions for?

A Convention is held to exchange ideas.
It gives you a chance to meet old friends.
You meet other people socially.
You find out how other Pharmacists operate.
You see the Auxiliaries in action.
You can relax and enjoy yourself.
If you miss a convention—you miss a lot.
Make your plans NOW and attend.

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Marion R. Chodnicki, President Baltimore Metropolitan Pharmaceutical Association

Marion R. Chodnicki, elected president of B.M.P.A. for 1965, has been the proprietor of Milton Pharmacy in East Baltimore since 1954.

Mr. Chodnicki attended parochial schools and graduated from Baltimore City College in 1943. He served in the U. S. Navy as a pharmacist's mate in the Fleet Marine Force in the South Pacific from 1943 to 1947.

He graduated from University of Maryland School of Pharmacy in 1951. He served on the Executive Committee and as a Vice President of the B.M.P.A.

Mr. Chodnicki is a past President of the Polish-American Professional Association, is married and the father of three children, ages 13, 10 and 7.

B.M.P.A. Features N.A.R.D. Report

The Baltimore Metropolitan Pharmaceutical Association followed up its successful Installation Dinner Meeting, which was co-sponsored by Paramount Photo Service at the Emerald Gardens, with an outstanding February meeting.

The feature of the February 18th meeting was the program "We Succeeded . . . By Really Trying!" This report on the joint N.A.R.D.—Proprietary Association merchandising research project was presented by William E. Warther, Product Promotion Manager of the Henry B. Gilpin Company, drug wholesaling firm.

The report was based on a nation wide panel of 26 pharmacies, including one in Baltimore City.

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION OFFICERS 1965

Left to right: 1st Vice Pres. Jerome A. Stiffman. Hon. Pres. Dr. Fitzgerald Dunning, President Marion R. Chodnicki, Secretary Nathan I. Gruz, 3rd Vice Pres. Donald O. Fedder, 2nd Vice Pres. Ferdinand F. Wirth, Jr., Treasurer Charles E. Spigelmire. Standing—Executive Committee: Anthony G. Padussis, Nicholas C. Lykos, Bernard B. Lachman, Irvin Kamenetz, Chairman Irving I. Cohen, Joseph L. Okrasinski, Phillip Richman, 4th Vice Pres. Joseph H. Morton.

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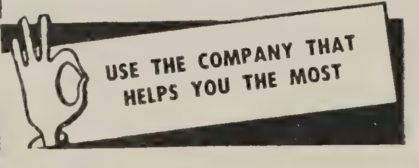

USE THE COMPANY THAT HELPS YOU THE MOST

B.V.D.A. News

Prepared by B. F. Allen

The regular monthly luncheon meeting of the Baltimore Veteran Druggists' Association was held on Wednesday, February 17th, at the Student Union of the University of Maryland (621 W. Lombard St.)

This was the fifth meeting of the year and the following members were in attendance: Melville Strasburger* (Maryland Pharmaceutical Association), Benjamin F. Allen (School of Pharmacy), LeRoy Brown* (E. R. Squibb & Sons), Nelson G. Diener* (Retail Pharmacist), Noel E. Foss (School of Pharmacy), Daniel A. Warren* (White Laboratories), Robert O. Wooten* (The Upjohn Company), Francis S. Balassone (Maryland Board of Pharmacy), C. T. Ichniowski (School of Pharmacy), F. Harold Lewis** (Retail Pharmacist), L. M. Kantner* (Maryland Board of Pharmacy), and Frank J. Slama (School of Pharmacy).

On completion of the lunch, the customary business meeting was held with Vice-President Wooten presiding in the absence of President Yingling.

Following this order of business, the association proceeded to celebrate the birthday anniversary of Frater Balassone. Frater Balassone responded with a short biographical sketch and very modestly referred to his activities in the National Association of Boards of Pharmacy, as a Vice-President during the past year.

Since there were no scheduled speakers or special guests, several impromptu talks were given by some of the members present.

At an earlier meeting this year, Fraters John L. Asbill and Raymond Yingling were honored for attaining their 75th year. On this very important occasion they were presented silverware (bowl or tray) appropriately engraved.

*Retired

**Semi-retired

News

Jerome Mask, Chairman of the M.P.A. Legislative Committee; Donald O. Fedder, Chairman of the B.M.P.A. Legislative Committee and Nathan I. Gruz, Executive Secretary, M.P.A. and Secretary, B.M.P.A., addressed the February meeting of the A.Z.O. at the Pimlico Hotel.

Proposals for pharmacy legislation were presented and a question and answer period followed.

BOARD OF PHARMACY NEWS

Pharmacy Changes

The following are changes in pharmacies which occurred during the month of February, 1965:

New

Dart Drug Corporation, Herbert H. Haft, Pres., 8016 New Hampshire Avenue, Langley Park, Maryland.

Change of Ownership, etc.

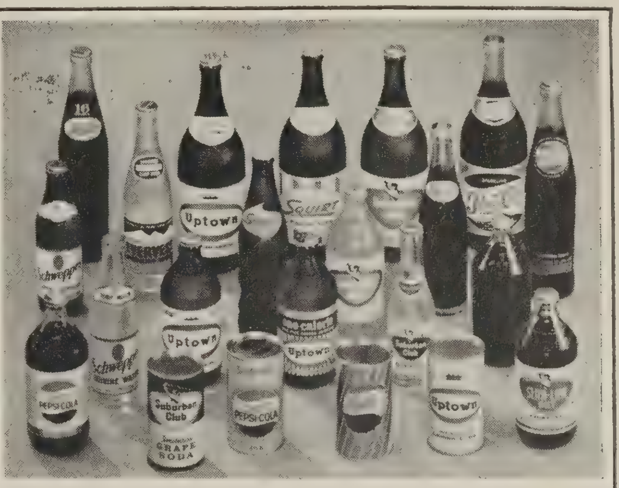
Edgewater Pharmacy, Inc., Joseph M. Schuman, Pres., P.O. Box 141, Route No. 253, Mayo Road, Edgewater, Maryland. (Changed from individual ownership to a corporation.)

NOTICE

PRIMATENE REQUIRES PRESCRIPTION IN MARYLAND

Primatene and all compounds containing barbiturates require a prescription in Maryland. The Maryland Pharmacy Laws do not exempt any quantity of barbiturate, regardless of labeling. These stricter requirements supersede the federal regulations.

How to make cool profits on soft drinks



Stock the hot ones!

Offer your customers everything they could possibly want in soft drinks. Choice of flavors—we've got them for you! Wide selection of packages—offer your customers returnables, no-returns and cans! Low-cal's, too—we've got them in all the best-selling flavors! We offer you an extensive, well-promoted line, that means sure profits for you. Call us now. It's good business . . . for you.

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AQUAPAC selected skins
—only the primes are processed.
Not just wet—but also lubricated and rolled
Lowest cost—greatest percentage of profit
Professionally promoted—presold
Unconditionally Guaranteed!
SELL ON OPEN CALL.
Retail $6.50 dozen—3 for $1.75

American Hygienic Co.
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Represented by—IRV. NORWITZ

Space Medicine

America's first manned two-man spacecraft will be equipped with drugs which can be used in flight or after landing, the Pharmaceutical Manufacturers Association announced.

Medical experts at National Aeronautics and Space Administration chose the drugs after testing to make sure they would withstand space flight and be effective and safe for use by astronauts.

Six types of drugs will be aboard the Gemini—an anodyne and an analgesic (pain relievers); an antiemetic (to relieve or prevent nausea); an analeptic (to restore consciousness in coma or fainting); an antibiotic and an antimalarial. Drugs would be administered in flight only on orders of a ground-based flight surgeon.

The drugs can be administered either by mouth or by automatic injection in the leg through the space suit. All are contained in both in-flight and survival kits, except the antimalarial which is available only in the survival kit.

The automatic AstroPen injector consists of a light weight cylinder, a half inch in diameter and four inches long, with a smaller, spring-loaded, needle-tipped tube within it holding the vial of medicine in place. Pushing the outer tube releases the spring, shooting the needle through a small opening and forcing a plunger in the vial to inject the drug.

Injectable drugs which will be available to the astronauts are Tigan brand of trimethobenzamide HCl, for nausea or vomiting due to motion sickness, reported to have a minimal sedation effect; and Demerol brand of meperidine HCl, to relieve pain.

Drugs for oral use will include Tigan in capsule form; Dexedrine brand of dextro-amphetamine sulfate for use against chronic fatigue, depression, or as an appetite depressant; Demerol in tablet form; an aspirin-phenacetin-caffeine pain reliever product; Achromycin, a tetracycline antibiotic; and Aralen, a chloroquine phosphate antimalarial preparation.

The spacecraft will also carry water purification tablets.

A drug was used once previously by an American in space, when Astronaut Gordon Cooper administered a stimulant to himself 78 minutes before his relatively difficult manual re-entry into the atmosphere.

All of the drugs have undergone severe physical environmental tests by NASA to assay their ability to withstand temperature, pressure, vibration and other factors. Manufacturers, in preparing the drugs, have conducted rigid tests for quality control, safety and effectiveness. Injectable drugs have been sterilized both before and after loading into the automatic cartridges.

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they cleaned us out again"
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That Lance man stops here every week, but no matter how much stock he leaves, it just doesn't seem to be enough. Folks really go for those tasty Lance snacks.

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Alumni Association
University of Maryland, School of Pharmacy

ANNUAL BANQUET AND DANCE

In Honor Of The Class Of 1965

Thursday, June 3, 1965

EMERALD GARDENS

4210 Primrose Ave. (off 5800 Reisterstown Road)

Hors D'Oeuvres at 6:30 P.M.—Dinner at 7:00 P.M.

Presentation of Honored Alumnus Award to
FRANCIS S. BALASSONE
Secretary of the Maryland Board of Pharmacy
and Chief, Division of Drug Control,
Maryland State Department of Health

Guest Speaker:
DR. AUSTIN SMITH, President,
Pharmaceutical Manufacturers Association

Dancing—Music by Jay Herman & His Orchestra

Outline Report on the First World Congress of Jewish Pharmacists

The First World Congress of Jewish Pharmacists was held in Israel from August 24th through the 29th. At the opening session, Congress participants, Israeli Government representatives, diplomatic dignitaries and guests were greeted by Dr. J. Kohlberg on behalf of the organizing committee. Deputy Minister of Health, Mr. Yitzhak Raphael outlined the responsibilities of the profession of Pharmacy in developing Israel Public Health Schemes and declared that he was pleased to see such a fine representation of World Pharmacy in the Wise Auditorium of the Hebrew University of Jerusalem. Sir Hugh Linstead, President of the International Pharmaceutical Federation delivered the opening address entitled "Professional Independence in Pharmacy."

The cornerstone of the new building of the School of Pharmacy of the Hebrew University of Jerusalem was laid at the Hadassah Medical Center on August 25th, 11 years after the School's inception. Among the hundreds present at the ceremony were Hebrew University faculty members and students, representatives of the Pharmaceutical Association of Israel, Hadassah Medical Organization members and delegates to the First World Congress of Jewish Pharmacists. Greetings were brought by the Minister of the Interior and Health, Moshe Haim Shapira; Mr. Eliyahu Elath, President of the Hebrew University; Dr. Jack Karpas, Deputy Director General of the Hadassah Medical Organization; Professor G. Valette, Dean of the Faculty of Pharmacy at the University of Paris; and Mr. Ephraim G. Sless, AZO, United States Jewish Pharmaceutical Fraternity Delegate to the Congress.

The Congress participants visited the old building of the School of Pharmacy headed by Dr. A. Kalmus, the Hadassah University Hospital Pharmacy headed by Mr. E. Superstine, two local factories and a large community hospital of Kupat Holim. International pharmaceutical dignitaries attending the Conference included: Sir Hugh Linstead, President of the International Pharmaceutical Federation (F.I.P.), Mr. Frank Arnal, Vice President of F.I.P., and President of French Pharmaceutical Ordre. Dr. William S. Apple, Executive Director of the American Pharmaceutical Association, Mr. Joseph A. Oddis, Executive Secretary, American Society of Hospital Pharmacists, and Dr. Don E. Francke, Director of Scientific Services of the American Society of Hospital Pharmacists and Vice-President of the International Pharmaceutical Federation, Prof. G. Valette, Dean, Faculty of Pharmacy in Paris.

The Congress included two days of scientific meetings in the Hebrew University of Jerusalem and one day at the Wix Auditorium of the Weizmann Institute of Science at Rehovot. More than thirty scientific and professional papers were heard embracing pharmaceutical research activities in Israel and abroad. The research communications are reproduced in the proceedings of the Congress.

The Congress has established an alliance to organize friends of Israel pharmacy throughout the world for the advancement of pharmacy, to assist in the progress of pharmacy in Israel and further pharmaceutical education and research in Israel. The alliance, to be called the World Alliance of the Friends of Pharmaceutical Association of Israel elected a provisional committee (chairman: Dr. Kohlberg, secretary, Dr. E. Menczel), which is to prepare statutes and manage its affairs until the next congress.

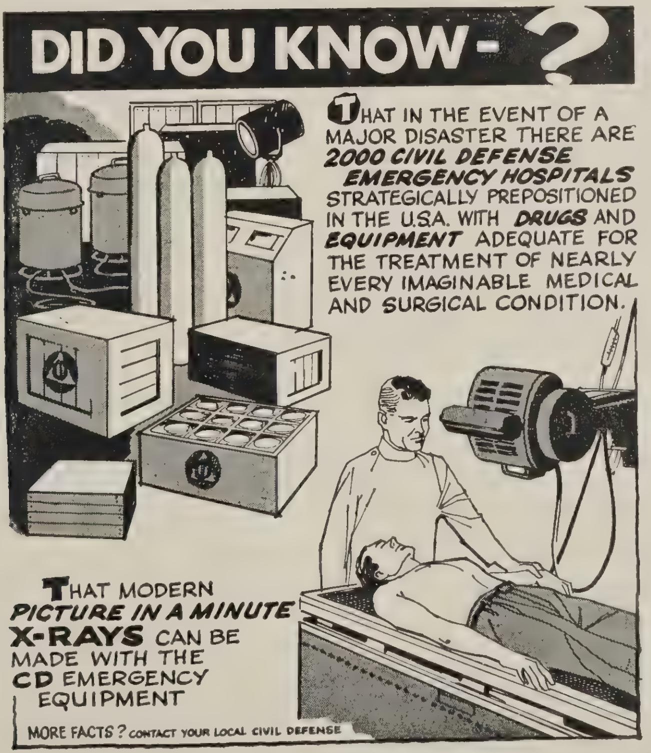
Throughout the meetings there were numerous receptions and luncheons sponsored by the Municipalities of Jerusalem and Tel-Aviv, as well as by the Ministry of Health and the Hebrew University. There were special features for the ladies and visits to art galleries and museums. The final event of the Congress was a Banquet held in Tel-Aviv at the Z.O.A. House (Zionist Organization of America).

The PROCEEDINGS OF THE CONGRESS including the major addresses and a SURVEY OF PHARMACY IN ISRAEL have been incorporated in the Congress Book (two parts). Copies of the Congress Book ($3.—incl. postage) are available from the Pharmaceutical Association of Israel, 6, Rothschild Blvd., Tel-Aviv.

A new first aid ointment, Spectrocaine (Squibb neomycin sulfate-gramicidin-diperodon hydrochloride) designed to relieve pain, prevent infection and promote healing is announced by E. R. Squibb & Sons.

Easy to apply and remove, the new triple-action formulation helps prevent infection and gives prompt relief of discomfort in cuts, minor burns, abrasions, non-poisonous insect bites and poison ivy. Containing two highly-effective antibiotics — neomycin sulfate and gramacidin—Spectorcaine combats most organisms on the skin's surface. The ointment also promotes healing. The local anesthetic, diperodon hydrochloride, with its long-lasting action, acts rapidly to relieve pain and causes no sting. Prepared as a smooth, slightly opaque ointment in Plastibase (Squibb plasticized hydrocarbon gel), Spectrocaine is non-running at body temperature and imparts a velvety feeling to the skin. In addition, it can be used for persons sensitive to other antibiotics.

Spectrocaine is supplied in one-half ounce tubes.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THAT MODERN PICTURE IN A MINUTE X-RAYS CAN BE MADE WITH THE CD EMERGENCY EQUIPMENT
MORE FACTS? CONTACT YOUR LOCAL CIVIL DEFENSE

Laymen Diagnosing And Prescribing For Their Ills

Laymen have become amateur prescribers of drugs as well as diagnosticians of their ailments, American Pharmaceutical Association Executive Director William S. Apple stated in Wisconsin.

Speaking to physicians, pharmacists and other health professionals at the Third Annual Wisconsin Work Week of Health, Dr. Apple declared: "The most effective way we are going to be able to minimize the 'danger' in 'dangerous drugs' today is by education. Our efforts . . . must be substantial—and begin immediately — because the public already has been exposed to a flood of information about drugs."

Continuing on his subject, "What Is A Dangerous Drug?", Dr. Apple said that much of the public information is factual and scientifically accurate but "the public doesn't have the required professional training to use the knowledge intelligently. They have become amateur prescribers as well as diagnosticians," he said.

"The public must be shown, by health professionals, that every drug is dangerous when it is in the hands of unqualified persons; the public must be made to see that potent proprietary preparations cannot be indiscriminately available through every supermarket and gas station in the country . . ."

Lilly Analysis Service

A third of a century has passed since the Lilly Analysis Service was offered to the community pharmacists of America. Monumental strides in medical progress have taken place within that period of time in our chosen profession. Equally great have been the changes in our way of doing business. No longer can one expect to survive on the current thruways of business by employing old model "A" tactics. Newer, more exacting management procedures have replaced the old.

Awareness has become a keyword of the modern manager—awareness of his pharmacy's current operations, awareness of trends developing within his pharmacy and awareness of general financial conditions.

The free, management tool known as the Lilly Analysis Service is geared to meet the current need of the practicing pharmacist, by revealing important signposts along the way. This confidential analysis, which is electronically tabulated, summarizes financial data in both dollars and percentages and makes a comparison with a similar-type operation. In addition, internal business trends are revealed when the previous year's operating data are submitted.

A personalized report is returned to each participant within thirty days and is enclosed in a durably bound folder containing a summary page, typed comments about the various items and, when needed, possible methods for improvement. These suggestions are based on the experiences of thousands of practiing pharmacists throughout the country who have been successful in dealing with similar problems.

This factual and impartial report can aid in making better management decisions and thereby increase the operating efficiency of a pharmacy. When operations are more efficient, one can expect greater profits.

To obtain a free analysis, send financial statements and prescription data to the Lilly Pharmacy Operations Clinic, Eli Lilly and Company, P.O. Box 814, Indianapolis, Indiana 46206.

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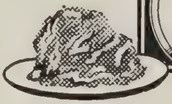

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First name in ice cream
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THE MARYLAND PHARMACIST

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Contribute to the JOHN F. WANNENWETSCH SCHOLARSHIP FUND

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MARCH 1965

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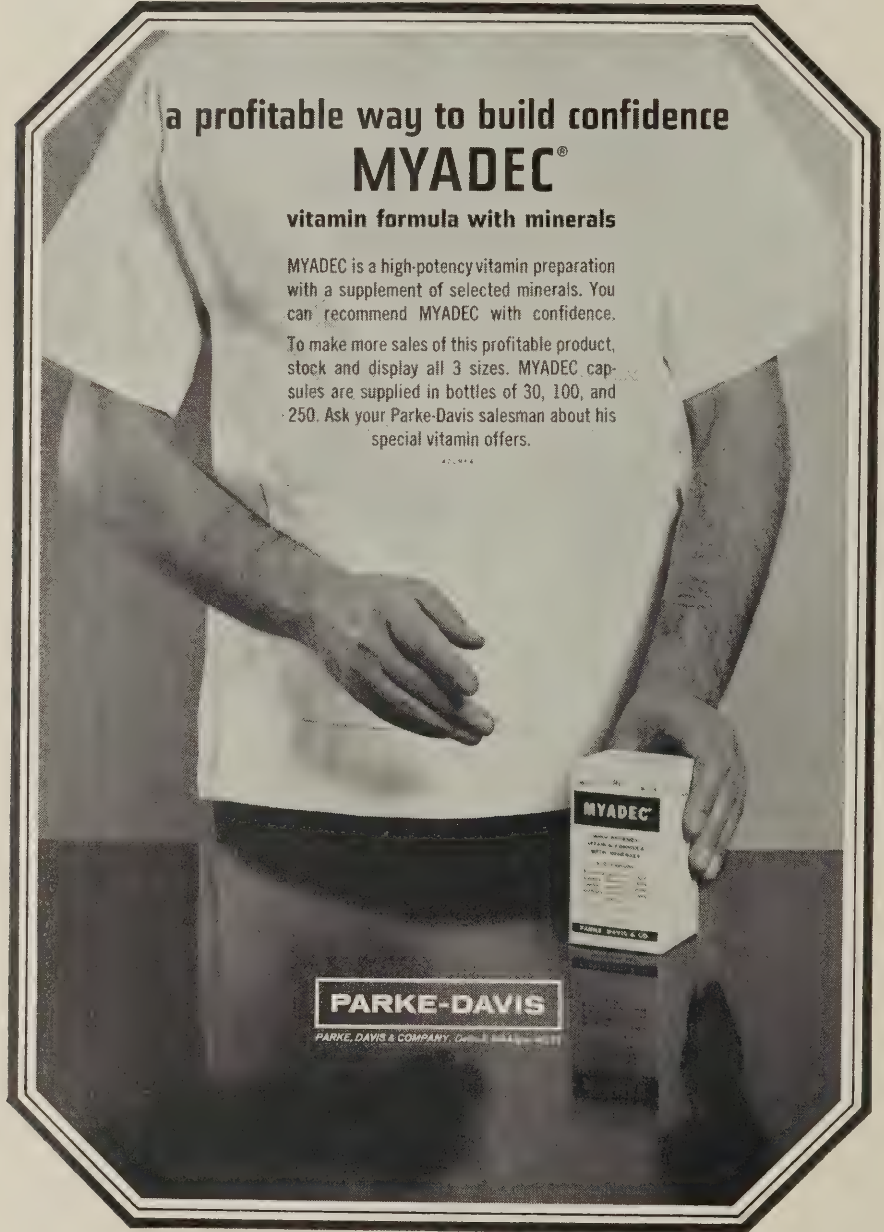

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL **MARCH 1965** **No. 6**

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HIGHLIGHTS IN THIS ISSUE

Page

Editorial 444

President's Message 446

Secretary's Script 448

School of Pharmacy, U. of M., News 450

Contributions:
- First Aid for Profit—Carl E. Bain 452
- A Note On Compounded Prescriptions—B. A. Allen 458
- Civil Defense Emergency Hospital Training Program—Herbert M. Bateman .. 468

T.A.M.P.A. Tattler 462

B.M.P.A. President's Message 466

News Items:
- Dr. J. H. Fitzgerald Dunning, Honorary President - 1965, B.M.P.A. 476
- Swain Pharmacy Seminar 478
- Baltimore Veteran Druggists Meet 480
- Pharmacy Changes 480
- Prince Georges - Montgomery Counties Pharmaceutical Association 480
- B.M.P.A. Annual Banquet 482
- Maryland State Council on Medical Care 483

Obituaries 486

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Editorial . . . . . .

The "Pharmaceutical Center" — A New Concept

Evolution and change—the immutable laws of life—can be seen operating in pharmacy today.

We can see examples of many different kinds of community pharmacies —independent and chain. There are "super drug stores", apothecary shops and "traditional" pharmacies.

Now, a new type of pharmacy designated a "Pharmaceutical Center" has been unveiled at the A.Ph.A. Annual Meeting.

The Pharmaceutical Center is the outgrowth of the ideas of Eugene V. White of Berryville, Virginia. It is a type of pharmacy in which pharmacists can be full-time, independent, financially successful health practitioners. It offers pharmacists a new concept in the community practice of pharmacy by permitting them to establish office practices in which full pharmaceutical services and health care products are provided.

A score of pharmacists have opened or converted their pharmacies in line with the Pharmaceutical Center concept. In Maryland, we have an example in the new pharmacy established by M.P.A. members Victor H. Morgenroth, Jr. and Joseph U. Dorsch. They are to be commended for their courage and dedication to the ideals of the pharmacist as a full-time health professional. At the A.Ph.A. Annual Meeting, they devoted several full days to guiding pharmacists through the Pharmaceutical Center erected at the exhibit hall by A.Ph.A. and McKesson-Robbins.

The Pharmaceutical Center stocks all the drug and health care products of the apothecary shop without displaying any of them. The cash register has been eliminated and a receptionist is used. The atmosphere and decor are appropriate for a professional health practitioner.

However, the practitioner—the pharmacist—is more important than the physical arrangements. In pharmacy, our emphasis must change from the **pharmacy**—the physical plant—to the person, the pharmacist who practices in the establishment. In the Pharmaceutical Center the patient does not have to search and seek a way through displays unrelated to pharmacy in order to reach the pharmacist. In the Center the patient-pharmacist relationship is readily established and firmly maintained. Experience so far has proved that this relationship is a personal one that emphasizes the professional services of the pharmacist.

Concepts such as this have been usually dismissed by most persons associated with pharmacy as idealistic and impractical. The interest and support of the "practical" executives of a large drug wholesale firm should refute any such charge about the Pharmaceutical Center. The pragmatic leaders of McKesson-Robbins would not venture capital on an unsound proposition.

A number of national drug chains have also entered the field of apothecary shops, an indication that their astute management considers them sound investments.

A major implication of the Pharmaceutical Center. however, is that pharmacists can see the opportunity to be both full-time and independent health practitioners.

It is important for pharmacists to realize that all pharmacies cannot successfully adopt this concept overnight. The location and timing for the establishment of a Pharmaceutical Center must be chosen carefully. The professional must combine sound business and management practices with his professional knowledge and competence.

The great significance of the Pharmaceutical Center concept today is not that every pharmacist will be part of a Center by 1966 or 1976. The vital message is that many of the pharmacists of today and more of the pharmacists graduating in the years to come will be influenced by the concrete examples in many communities that this new kind of community pharmacy is possible.

The tremendous enthusiasm of the pharmacists successfully operating Pharmaceutical Centers is apparent. It is reflected in professional pride and self-confidence in dealing with both physicians and patients.

The reference library and patient record systems enable these pharmacists to readily provide information and service. They are able to maintain hours that allow for participation in civic and professional activities.

The Pharmaceutical Center will influence the future development of the practice of pharmacy. Many far-sighted pharmacists will recognize its place in the evolution of the pharmacy.

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Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
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President's Message . . . . . .

Dear Fellow Members:

One of the important Association needs is the necessity of drawing into Association work the many pharmacists who do not participate or who are not members.

All the pharmacists in the state have been contacted for membership. The assistance of the local pharmaceutical associations has been sought to bring in new members from throughout the state.

As president, I have attended the meetings of all the local organizations along with Secretary Gruz. There are many dedicated workers in these local groups and we hope they will also take part in the work of the M.P.A. These local groups can be the means for building strength for pharmacy on a state-wide basis.

When it comes to vital matters such as legislation, medical care and prescription prepayment plans, we must operate at the state level. It is necessary to have active local groups supporting the Maryland Pharmaceutical Association and encouraging their members to be active in the M.P.A.

We need pharmacists from the Eastern Shore, Southern and Western Maryland and the Baltimore area to contribute their efforts to a harmonious and unified relationship of all pharmaceutical groups with the state association.

The time is long past when we can afford to have the divided loyalty of many pharmacists who only support their local group and ignore the state group. In fact, most of the local groups were organized or assisted by the "parent" M.P.A.

If all the local groups and their members would give their full support to the M.P.A. and encourage every pharmacist to enroll in the M.P.A., we would be able to have the numerical and financial strength that we need to carry out many more programs for pharmacy.

Certainly if all local groups followed the Eastern Shore Pharmaceutical Society in requiring membership in the M.P.A., we would go a long way toward our goal.

I certainly hope that all local groups will favorably consider taking this action for the mutual benefit of all of us in pharmacy.

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Sincerely,
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Secretary's Script . . .

A Message from the Executive Secretary

Medical Care Prescriptions New Fees Effective July 1

The Medical Care Program, which began almost twenty years ago to provide for the medical needs of indigent people, involving an insignificant percentage of the population, has grown to the point where in *Baltimore City alone one out of ten persons in* 1965 *will be on the program.* This includes the rapidly increasing number of persons under the Kerr-Mills or MAA (Medical Assistance to the Aged) and MCI (Medical Care for the Indigent) provisions.

A few years ago a small percentage of the pharmacies of the state were filling Medical Care prescriptions. Today more and more pharmacies are dispensing a constantly increasing number of these prescriptions. Yesterday an older person was a regular patron of a pharmacy. Today the same person may sign up on the MAA program and the pharmacist will receive less than half of the amount of the regular fees for prescriptions he normally charges and yet have to provide the same services.

The Maryland Pharmaceutical Association has recognized the urgent need for fair policies and equitable compensation for pharmacy services under the Medical Care program. We have been giving the highest priority to these areas and devoted considerable time and effort to working on this problem.

After several years of consultations and meetings with various officials in the State Health Department, we were able to convince them of the validity of our position. As a result they recommended an increase in pharmacy services in fees in 1964, which was turned down by the State's Budget Bureau.

This year we again succeeded in obtaining a recommendation for increased fees from the State Health Department amounting to an additional $450,000 in pharmacy fees, with a fee schedule of $1.00 and $2.00. We learned that the state budget for 1965-66 did not include this increase.

However, after many conferences with the Governor and his staff and the support of many members of the Maryland Pharmaceutical Association, the Governor allocated $194,200. in the supplemental budget for a portion of the increase requested.

Effective July 1, 1965 the fees for pharmacy services compared to present fees will be:

Cost of Ingredients	Current Fees	Fees July 1, 1965
0.01-0.74	.50	.70
0.75-1.74	.70	.90
1.75-3.99	1.00	1.00
4.00 or more	2.00	2.00

This revision in fees will increase the average fee for prescriptions in the county program from 95 cent to $1.04 (plus 9 cents) and in Baltimore City from 79 cents to 97 cents (plus 18 cents). The difference between the county and city averages is due to a higher average ingredient cost in the counties.

We have already begun our work to obtain another increase in pharmacy fees for the 1966-67 year.

With the support of all pharmacists for this Association effort, we look forward to improvement in pharmacy services policies by the state.

Nathan I Gruz

Executive Secretary

This is an ad for a DEAL!

What kind of a deal is this? No screaming headlines about profit or fast turnover...no blazing color pictures of displays...no pretty girls or babies! Why?

Well, to tell the truth this ad concerns a deal about castor oil! Castor oil, ugh! But wait...this isn't just ordinary castor oil, that vile tasting stuff that maybe killed your taste for orange juice when you were a kid. This is a deal for a castor oil that tastes so good, people taking it often don't realize what it is.

This ad, then, is about a deal for NEOLOID™ Emulsified Castor Oil, Lederle. NEOLOID is an "effective, stable, aqueous emulsion of castor oil U.S.P. 36.4% (w/w), of agreeable mint-flavored taste..." NEOLOID is creamy white, doesn't look like castor oil and even the thick oiliness is gone. Taste it yourself, if you think we're kidding.

So what's the deal?

Buy a Display-Pak of twelve NEOLOID 4 fl. oz. bottles for $5.06 —the usual cost for 11 bottles. At the list price of 77¢, you'd receive $9.24, for a profit of $4.18 . . . better than 45%. The deal's available through your regular source of supply until further notice.

Now...How can you sell NEOLOID?

Believe it or not, about $1,500,000 worth of castor oil is sold each year. Castor oil is still the preferred agent and is so specified by physicians for pre-x-ray bowel cleaning, as well as for the usual laxative action in constipation. So, when customers ask for castor oil, do them a favor—offer them NEOLOID. They'll be so pleased with NEOLOID, instead of the awful stuff, that you may have done yourself a favor, too, by creating a friend and regular customer. You can recommend NEOLOID with confidence...it's widely used in hospitals.

So, remember NEOLOID when you have to think of castor oil. Check your Lederle catalog for complete information and order a NEOLOID deal or two promptly. Lederle Laboratories, A Division of American Cyanamid Co., Pearl River, N. Y.

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School of Pharmacy, U. of M., News ......

Mrs. Margaret Sherwood Oppedal (Johns Hopkins Hospital Pharmacy Intern, and M.S. in Pharmacy, 1958) received the Dr. E. R. Squibb Award at the American Pharmaceutical Association convention held in Detroit on March 28-April 2. This award was presented under the auspices of the Pan American Pharmaceutical and Biochemical Federation in recognition of her outstanding service as Chief Pharmacist aboard SS HOPE. She was on the staff of SS HOPE on two voyages, from 1962 through 1964.

U. of M. School of Pharmacy A.PH.A.-M.P.A. Joint Student Chapter

The meeting of March 16, 1965 held at the School of Pharmacy featured a movie entitled "Boplant-Squibb Surgibone". The film illustrated sterile, processed bovine bone and cartilage for grafting procedures in orthopedic and reconstructive surgery. The various types of materials, sterilizing and procuring procedures and surgical applications were also shown. Literature was handed out.

A committee was appointed to set up displays and to participate in a pharmacy student recruitment program to be sponsored by the chapter. The program will consist of talks and literature on the pharmacy curriculum to be presented at the main campus in College Park in the lobby of the McKeldin Library.

Announcements were made for nominations and election of officers for 1965-66.

About 75 students attended the meeting.

Submitted by
Michael Walsh
A.Ph.A.-M.P.A.
Joint Student Chapter

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Contributions . . . . . .

First Aid For Profit

By Carl E. Bain, Pharmacist, Richmond, Va.

Delivered as part of the panel on "Creative Selling" at the Third Simon Solomon Pharmacy Economics Seminar of the Maryland Pharmaceutical Association, November 12, 1964.

I'd like to begin this talk by reading a thought provoking editorial from Harper's Weekly.

> "It is a gloomy moment in history. Not for many years—not in the lifetime of most men who read this—has there been so much grave and deep apprehension; never has the future seemed so incalculable as at this time. In our own country there is universal commercial prostration and panic, and thousands of our poorest citizens are turned out against the approaching winter without employment, and without the prospect of it.
>
> "In France, the political caldron seethes and bubbles with uncertainty; Russia hangs as usual, like a cloud, dark and silent upon the horizon of Europe; while all the energies, resources and influences of the British Empire are sorely tried, and are yet to be tried more sorely, in coping with the vast and deadly disturbed relations in China.
>
> "It is a solemn moment, and no man can feel an indifference—which happily, no man pretends to feel—in the issue of events.
>
> Of our troubles (in the U.S.A.) no man can see the end. They are, fortunately, as yet mainly commercial; and if we are only to lose money, and by painful poverty to be taught wisdom—the wisdom of honor, of faith, of sympathy and of charity—no man need seriously to despair. And yet the very haste to be rich, which is the occasion of this widespread calamity, has also tended to destroy the moral forces with which we are to resist and subdue the calamity."

A dismal picture? Yes. - - - Can you give me the date it was written? October 10, 1857! ! ! 107 years ago. And yet this article could have been written today. My point is this—we've *always* had problems . . . and for the most part we've *always* been able to solve them. The problems we have today in the retail drug business are not unsurmountable. One of our many problems is to hold on to the upfront business that has traditionally belonged to the drug store. My talk today is how to promote a vital part of that upfront area—the First Aid Department.

I'll be the first to admit that I don't have all the answers. But I do have some ideas that have been successful in my store. Perhaps some of them will work for you.

Mrs. Consumer may not be able to put in precisely worded rules—but her *actions* dictate certain patterns of merchandising that should be heeded. And if we make these patterns a logical set of rules, they might go something like this:

1. Make your Display Space Work for you . . . with established brands.
2. Give her exciting special offers.
3. Educate your sales personnel.
4. Improve profits through improved inventory management.

One of our big goals in business is to get the highest possible profit out of every inch of shelf space. However, the word "profit" as such is meaningless out of context. Meaningless, unless associated with turnover, display cost, and overhead.

Now as we've long discovered, operating a drugstore has as many exceptions as it has rules. Circumstances vary by basic differences in stores, and differences in neighborhoods. But viewing the overall picture, it's safe to go by this general rule: "A department should *earn* space in our stores. In other words

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different departments should occupy space in approximate proportion to their Sales Opportunities. If the fragrance counter takes a ten foot space. . . First Aid Supplies, as an example should occupy 23 feet of space—because Drug Topics reports that the ratio of First Aid sales to that of perfumes and colognes is 2.3 to 1. Obviously, not many drugstores can devote that much space to *permanent* first aid display. But we can devote more space to "special displays".

It is estimated that 50% of the unplanned purchases made in drugstores result from both the *way* we display goods, and *what* goods we display. It's been a general habit to lean toward merchandising large tape sizes extensively—but can you honestly figure out why? 3x5 adhesive is chiefly a *call* item. For example, it's often used by people who must strap their chest on doctor's orders after a broken rib . . . virtually a prescription. Now, how often can you expect an impulse sale on an item like that? How much wise and more rewarding to use the same space for more practical facings of ½x10 and 1x5 plastic tapes . . . and see sales, and *profits* rise dramatically.

The same thing applies in the sterile pad category. Many stores are devoting a disproportionate amount of space to gauze pad 100's . . . and at the same time giving very little attention to the growing non-adherent dressings.

Rule No. 2—Give her exciting special offers.

Mrs. Consumer is a sitting duck for a special offer so go ahead and give them to her on whatever, wherever and whenever possible. She's only a woman, and she really reacts when you trigger that part of her brain that's susceptible to bargains.

About 40% of our first-aid sales come from special displays that feature extra value . . . so don't ever underestimate the power of that big, bold traffic-stopper known as the "dump". This type of special display really works—Special displays and dumps serve to bring us extra sales based on impulse buying and related item purchasing.

Another kind of special offer is the consumer mail in. We've had a number of them in our store and I can testify that customers *will buy* more merchandise . . . customers *will trade up* to a higher price . . . customers will do more *impulse buying*—if we give them a good deal based on a mail in offer.

Now we come to Rule No. 3

Educate your sales personnel in selling and handling customers. Some gloomy thinkers say that tomorrow's sales person is doomed to extinction . . . by self-service, by automation,—by one stop shopping. *I* say that that type of tomorrow will *never* come—if we exercise the one strength that is especially and uniquely ours; and that is, our high degree of personal contact with our customers. And that also means the customer-wooing relations of our sales people, too.

Unfortunately too many retail drug store clerks merely *wait on* customers. Enough of this nonsense about a "Buyers Market" or a "Sellers Market". It's *always* a *buyer's market* in the retail business, particularly in the retail drug business. And we've got to stop just *waiting* on customers and start *serving* them.

For those who have the feeling that selling is *sinful*. . . I give you this thought . . . selling is serving and serving is selling and the quicker we preach this in our stores, the better our chances of survival in this definite *buyers market* of ours. The real sin lies in *not* giving the customer the attention, courtesy, and service for the time and money she spends with us. Now let's get down to specifics. Far be it for me to give you a college course on customer relations, at this point . . . but maybe I can drop a hint or two on "How to be Happy with People Even Though they Are Customers".

Now, picture a typical customer in a typical drug store asking for a spool

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of adhesive tape. The first thing that bounces off her pink ear lobes is the clerk's question . . . "What size?" This is the most senseless and useless question a customer can be asked. These two miserable little words puts her on the defensive. She doesn't know what size it comes in so she plays it safe and gives the stock answer "How small does it come?" And she usually gets the smallest size—12½ x 5.

Now a step in the right direction would be to ask a more loaded question. Maybe give her the option of 2 choices "Which would you like, the wide or the narrow?" (Hold up ½ x 10 and 1 x 5) This way you stand a chance of selling ½ x 10 or 1 x 5. But it's even better to ask her a question which gets her to feeling that you really care about satisfying her needs the best way you possibly know how. Something like—"Are you going to use this tape for strapping?" She can *usually* give you a general idea of what she is going to use it for . . . and then you will be able to make your suggestion and give her a logical reason for it. Perhaps she also needs related items such as sterile pads. And, in the course of the conversation, she begins to get the feeling that you *really care*. You'd be amazed at how many druggists and clerks appear *not* to care.

And finally, here's *Rule No. 4* in our march toward better merchandising.

Improve Your Profits through Improved Inventory Management

After all, what do our customers want from us and our stores? Well, first Mrs. customer wants the merchandise to be clean, fresh stock, and in good condition. And she wants it to *be there* on the shelf *when* she wants it; "out of stock" is not much better than no excuse at all when she's shopping for something *she's* out of. And finally, she'd like a broad variety of merchandise to select from. Satisfying her requirements in these 3 areas means that we benefit. It's a matter of pure economics:

Real Profit equals Profit Percentage times Turnover. How much quantity discount is necessary to brighten our profit picture? Is it possible to increase our profit percentage and still have a loss? It doesn't take a mathematician to be able to figure out that it's better to make a smaller percentage on a bigger turnover item . . . with rare exceptions. And so we have to understand that the *true* meaning of profit can best be understood only in terms of better Inventory Management.

For help in this important area, turn to your manufacturer's salesman. Have him keep an inventory control of your First Aid Department. Give *him* the responsibility of keeping your stock in a fresh saleable condition. And ask him for merchandising ideas. Many salesmen are loaded with good ideas you can use.

So there you have it . . . 4 ways to better merchandise your First Aid Department

1. Proper Display Methods
2. Special Consumer offers
3. Better Educated Sales Personnel
4. Improved Inventory Management

All these things are sure ways of catering to the customer and her needs . . . in short really befriending the consumers who butter our bread.

Now, if you really want to increase your First Aid Sales in your particular area, here are some points in summation.

1. Ask her an intelligent question. There's at least one for every product in your store.
2. Know your Merchandise.
   A pharmacist is the only retailer in the world who is required by law to be a college graduate. Since we are Professionals in the true sense of the work . . . since we carry professional merchandise . . . we should be prepared at all times to answer any questions our customers may

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ask, and should be able to impart the kind of product information and counsel that is our bound obligation. In the final analysis, good salesmanship is simply a matter of helping people to buy intelligently. And this can best be done by *teamwork*. A team consisting of us and our sales personnel . . . *plus* our Wholesale Drug Salesman and our manufacturer's salesman. These latter two men can be of immense help to us if we give them a chance. Many of them are equipped to hold sales meetings with our sales personnel. They can advise us on things that concern local warehousing, better service, the latest and newest in ideas and promotions. Product knowledge breeds selling confidence. Selling confidence inspires customers to buy. So let's take action in each of these areas now! You can be certain it will make us stronger competitively.

A Note On Compounded Prescriptions

by B. F. Allen, Ph. D.

Associate Professor of Pharmacy,
University of Maryland School of Pharmacy

Historically one of the important functions ascribed to the role of the pharmacist is his compounding practice. This is a function which the pharmacist has performed exceedingly well even in this era of the powerful leverage that prefabricated dosage forms exert on the prescribing habits of physicians.

The writer, who is very interested in compounding practice, is often confronted by students and others (including pharmaceutical educators) with the statement that there is no compounding (and similar expressions) in the modern practice of pharmacy.

Discussions with students and others led to a decision to embark on a very simple study of this compounding problem with the cooperation of the third and fifth year students of the School of Pharmacy (the writer had these two classes for instructional purposes).

The students were instructed to make a copy of the first prescription on the "current" file requiring some form of compounding. This information was usually obtained in a pharmacy where the student was employed and during the early part of the first semester (1964-65).

A total of 58 prescriptions were received in this period and their distribution on the current file was as follows (number in parentheses corresponds to location on file); four (1), two (2), five (3), three (4), one (5), seven (6), three (7), two (8), one (11), two (12), one (13), one (14), two (15), two (16), three (17), one (18), two (19), one (20), two (23), one (24), one (25), two (26), one (28), one (32), one (36), one (38), two (47), one (150), one (491), and one (not reported).

It is readily noted in the above that the vast majority of the prescriptions appeared on the current file within the first twenty. (A recent report indicates 3 per cent of prescriptions in America are compounded).

The author arbitrarily classified the compounded prescriptions as follows (the number prescribed in each class indicated in the parentheses): oral liquids (35), topical liquids (9), capsules (7), ointments (3), creams (3), and bulk powders (1).

An analysis of these compounded prescriptions revealed that 105 different drugs or commercial preparations were prescribed by the physicians. A tally of the relative occurrence of items in these prescriptions is indicated in the parentheses (occurrence frequency more than 2 and water not included): acetophenetidin (5); acetylsalicylic acid (3), ammonium chloride (5); atropine sulfate (3); belladonna tincture (9), bentonite magma (3); Butisol sodium elixir (3); coal tar solution (3); codeine sulfate (15); lime water (3); Maalox (3); men-

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3. Up to 52% profit on volume buys.
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Vi-Daylin—Vitamins A, D, B_1, B_2, B_6, B_{12}, C, and Nicotinamide. 501199

thol (3); phenobarbital (6); phenobarbital sodium (4); phenol (3); rose oil (3); sodium bromide (3); sulfur precipitated (4); sulfurated potash (3); Triaminic syrup (3); wild cherry syrup (3); and zinc sulfate (3).

It is extremely interesting to note that in the above tabulation more than one-half of the items (except bentonite magma, Butisol sodium elixir, Maalox, rose oil and Triaminic syrup) also appeared in the listing of Frequently Used Drugs (prescribed 10 or more times in the 13,125 prescriptions analyzed) which was published in the Prescription Study of the Pharmaceutical Survey (1948).

Compounding practice has a stimulating effect on many young pharmacists since this is the specialized area of applied pharmacy involving skill and art. However, there are many in the profession who state that too much time is wasted in pharmacies on compounding prescriptions.

Also, as examples, the following are prescriptions recently prescribed in the Baltimore metropolitan area requiring compounding (formulas supplied to the author by practicing pharmacists): (1) pyrogallic acid 50 per cent, chloral hydrate 5 percent, benzocaine 2 per cent, and Aquaphor q.s.; (2) quinine sulfate 1½ grains to be enteric coated; (3) formaldehyde 30 per cent, salicylic acid 20 per cent, and 70 per cent alcohol q.s.; (4) gelatin 1 per cent, Chloretone 1 per cent, and Ringer's solution, q.s.; (5) Nivea skin oil 2 per cent, sulfonated oil 2 per cent, mercuric chloride 0.1 per cent, lavender oil 0.1 per cent, Euresol 2 per cent, and 70 per cent rubbing alcohol q.s.; (6) dimethyl sulfoxide 90 per cent and solvent q.s.; (7) menthol 0.125 per cent, glycerylmonoricinoleate 10 per cent, hexylresorcinol 0.1 per cent, phenol 0.25 per cent, and 60 per cent isopropyl alcohol q.s.; and (8) mercurochrome 2 per cent, alcohol 55 per cent, acetone 10 per cent, sodium carbonate 0.1 per cent and water q.s.

It is the desire of the writer in the examples given above to call especial attention to just a few of the outstanding combinations presented to the practicing prescriptionist.

Therapeutics is not considered in this paper because it is largely a matter of individual opinion on the part of the physician as to what drugs may be ordered together to produce certain effects.

The colleges are presently de-emphasizing compounding practice. In the future, pharmacies interested in giving service of this type may find it necessary to employ pharmacists who are specialists adequately trained to deal with this problem. Also, the colleges will find it increasingly important to correlate this type of instruction with the demand for its use.

A great many prescriptions requiring compounding can be classified as "unclear prescription orders." No pharmacist should feel hesitant about reviewing ambiguous prescriptions with physicians.

MPhA Life, Your Insurance Plan

The provisions of your MPhA Life policy are broad:

a) The insurance continues without cost for life, if you become disabled before age 60.

b) Double the insurance——$20,000—is paid if you die by accidental means.

c) Premium rates are guaranteed against change.

d) You may assign the policy wholly or partially to a creditor to protect an indebtedness.

e) There are no restrictions in the policy if you enter military service or take up flying.

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So, if your customers want any of our products, they've got to come back to you.
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Volume 23 MARCH 1965 No. 5

T.A.M.P.A. Meeting

TAMPA's Past Presidents meeting was held on March 6, 1965. This meeting was held at the New Congress Inn, Security Blvd. and Beltway near Woodlawn. An unusually large crowd attended to honor the Past Presidents. This was the largest turnout of the Past Presidents of TAMPA, sixteen in all were present.

Honored guests included Nathan Gruz, Executive Secretary of the Maryland Pharmaceutical Association and Dr. Curley Byrd, Past President of University of Maryland, who was also the honored speaker.

All committee reports were given by all chairmen present. New members were introduced and welcomed to TAMPA. Secretary Crozier gave his usual excellent report. He reported the TAMPA oyster roast was attended by the largest turnout in TAMPA's history, including guest doctors, pharmacists and our own members.

Dr. Curley Byrd, our guest speaker, gave "Vietnam and the Situation in the Far East" as his topic. He discussed the threat of Communism, and the world situation at present. Dr. Byrd gave TAMPA members an insight of his travels and experiences in the Far East. His discussion was very enlightening. A period of "Questions and Answers" followed his speech.

Gilpin Personnel Appointments

L. Scott Grauel, Manager of the Baltimore Division of The Henry B. Gilpin Company, drug wholesaling firm, announced the appointment of Charles E. Bell as Design & Merchandise Representative for the Baltimore Division.

He also announced the appointment of Paul A. Langrehr as a salesman for the Baltimore Division.

William H. Smith, Jr., Manager of the Dover Division, announced the appointment of S. Allan Duff, Jr., as Design & Merchandise Representative for the Dover Division.

James E. Allen, President of The Henry B. Gilpin Company, announced the election of Leon Chatelain, Jr. to the Board of Directors.

New Way to Food Profits!

No Investment in Equipment or Fixtures

With Stewart in-fra-red sandwich service you do not tie-up any money in high cost equipment and fixtures. A gleaming, sanitary and efficient Stewart In-fra-red cookery is loaned you and maintained — FREE! Uses only one square foot of space — eliminates kitchen equipment, dishes and dishwashing.

No Costly Food Waste

With Stewart In-fra-red sandwiches there is no waste — no leftovers — no food buying problems — and no mess. Order only as many sandwiches as you need, they're delivered to you at the peak of freshness — hermetically sealed in cellophane. Easy to store and easy to stock in your present refrigeration.

No Overhead

Stewart "In-fra-red Toasted" Hot Sandwich Service requires no cooks or special employees. You can serve your customers these delicious sandwiches with your present help. You increase profit per employee wtihout increasing overhead.

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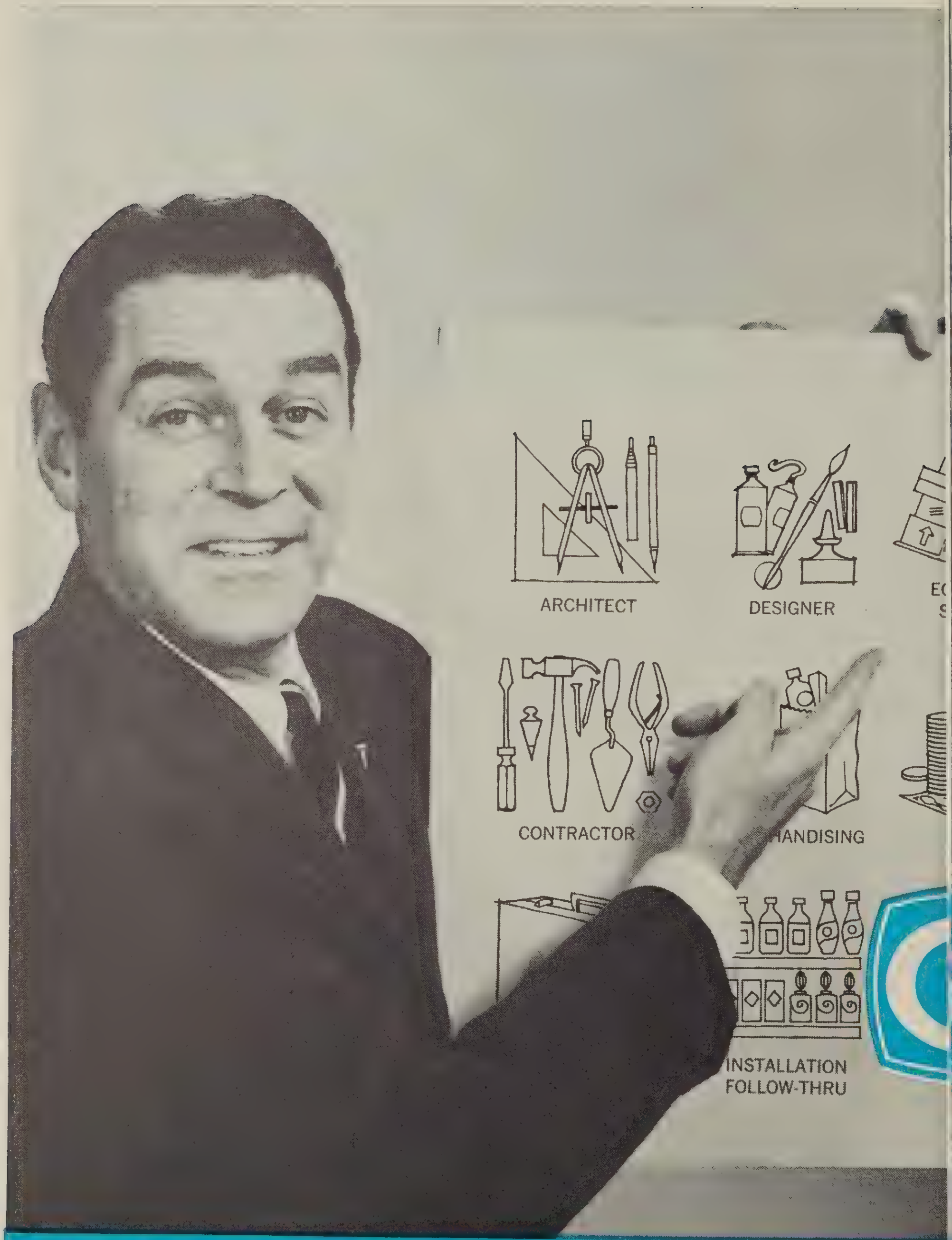
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all our

talents!

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If you're thinking of up-dating your pharmacy, bring your ideas and questions to Gilpin. Perhaps it's a remodeling project... or you've decided to go ahead with that pharmacy you've always dreamed about. Whether it's a new fixture, or a new building, our Design & Merchandising Man can help you every step of the way—from planning to completion. And remember, in every field of endeavor one firm stands out. In pharmacy planning and design, it's Gilpin. Gilpin is right here . . . with 120 years' knowledge of the area to help you merchandise to its needs. Our Design & Merchandising Representative is a local man—close enough to oversee installation of your equipment. And when the job is finished, Gilpin's "Brass Tack Services" will insure continued interest in your operation. Call Gilpin today—ask for the Design & Merchandising Man. You'll be glad you did.

The Complete Pharmaceutical Service

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

The Baltimore Metropolitan Pharmaceutical Association received excellent recognition for its participation in National Poison Prevention Week in a joint effort with the Maryland Pharmaceutical Association. The B.M.P.A. was commended for cooperating in distributing window streamers, pamphlets to customers. radio programs and TV spots.

In addition, window display material was made available to our members.

Our public relations workers, Charles E. Spigelmire and Bernard B. Lachman, along with our Secretary and their committee, did an excellent job of arranging all these projects. Among those assisting were Morris L. Cooper, Milton A. Friedman and Stephen J. Provenza.

The B.M.P.A. Banquet was an outstanding success in every respect. There was a fine turnout, excellent support from our suppliers and manufacturers and a most enjoyable affair. Chairman Jerome Stiffman, Sam A. Goldstein, Charles Spigelmire, Milton Friedman and the entire committee were well rewarded by the results of this wonderful banquet which helps support the B.M.P.A. programs

As the announcements for the various B.M.P.A. meetings go forth, please mark your calendar. Those who attend are well rewarded by the informative and educational programs. The B.M.P.A. meetings are an opportunity to learn and exchange views with your fellow pharmacists and the allied drug industry.

Sincerely,

MARION R. CHODNICKI

President

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Civil Defense Emergency Hospital Training Program

By **Herbert M. Bateman**

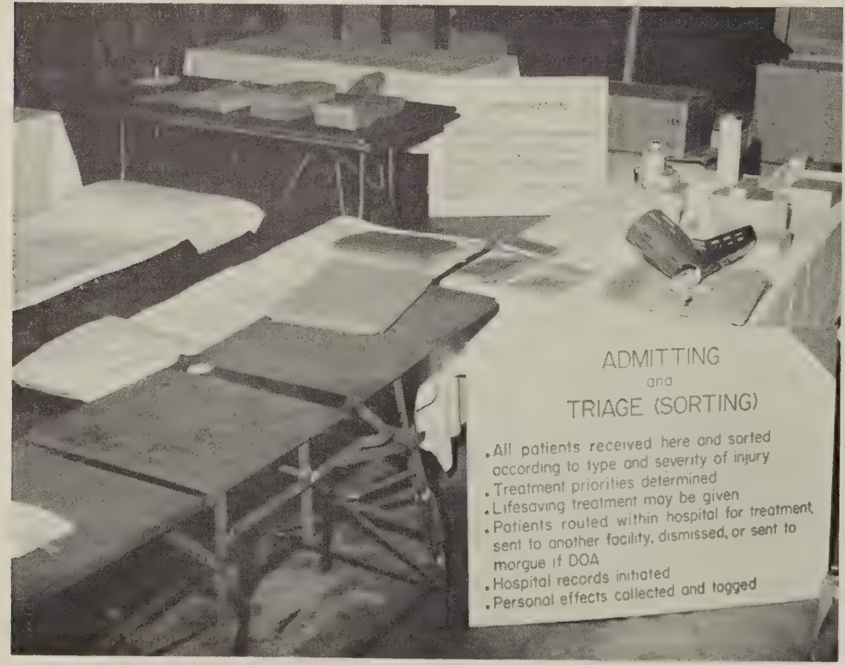
Program Representative for Health of Health Mobilization, Maryland State Department

Experts have estimated that up to 80 percent of the 1,680,000 existing hospital beds available in the United States today could be completely destroyed or rendered inoperable as the result of an all-out attack by an enemy employing nuclear weapons. Such a large scale nuclear attack upon this country would create an unprecedented need for mass care of the sick and injured, and our only means of meeting this need is to expand surviving hospital facilities and to activate the 200-bed Civil Defense emergency hospitals which have been strategically prepositioned throughout the country for this purpose.

Packaged for long-term storage, these emergency hospitals contain sufficient medical and surgical supplies and equipment to afford the same general service as a 200-bed general hospital. Each hospital is furnished with 200 cot beds complete with blankets, pillows, sheets, etc. It also includes basic equipment necessary to operate a hospital facility, a 15 kilowatt electric generator, a quick reading X-ray unit, bedpans, pitchers, towels, infusion stands and other necessary supplies. There is also a laboratory, a pharmacy and a well-equipped central supply section. Five operating tables are provided along with operating lamps, sterilizers and anesthesia equipment.

Community Responsibility

Although each packaged hospital contains the essential medical supplies and


ADMITTING
and
TRIAGE (SORTING)
. All patients received here and sorted according to type and severity of injury
. Treatment priorities determined
. Lifesaving treatment may be given
. Patients routed within hospital for treatment, sent to another facility, dismissed, or sent to morgue if DOA
. Hospital records initiated
. Personal effects collected and tagged

Admitting and Triage (sorting)—patients received and classified for treatment priorities

STATE OF MARYLAND
HOSPITAL
CD
CIV
DEFENSE
EPT. of HEALTH

Maryland's Mobile Civil Defense Training Unit equipment to function as a general hospital, the community is responsible for designating a school, church or similar type building in which the hospital can operate and for providing supporting services such as water, feeding facilities, laundry, mortuary and communications.

Because the prepositioned Civil Defense emergency hospital constitutes a community resource to be used to cope with the exigencies of a national disaster, it is the community's responsibility to develop a program for the effective utilization of each of these units located within that community. Such a program should include a state approved plan for establishing the hospital and should provide for ancillary and other supportive personnel necessary for the hospital to function, as well as for proper training in uncrating, setting-up and operating procedures.

The Stockpile Management Branch of the Division of Health Mobilization, United States Public Health Service, is currently engaged in a program to supply each of the prepositioned Civil Defense emergency hospitals with additional medical and surgical supplies which will extend the operational capability from three to thirty days. In addition, to insure that each unit is kept completely operational at all times, the Stockpile Management Branch is maintaining a quality control program which conducts on an annual basis the inventorying and inspecting of all items contained in each unit, servicing, repackaging when necessary and replacing of all outdated shelf-life items.

Mobile Training Unit

To assist the communities in training personnel to uncrate and set up the emergency hospital to care for casualties within a few hours or several days

OPERATING ROOM

Operating Room—equipped for general life-saving surgery

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FIRST— in SERVICE! The company that was founded BY druggists FOR druggists gives you the most modern protection to meet your social needs.

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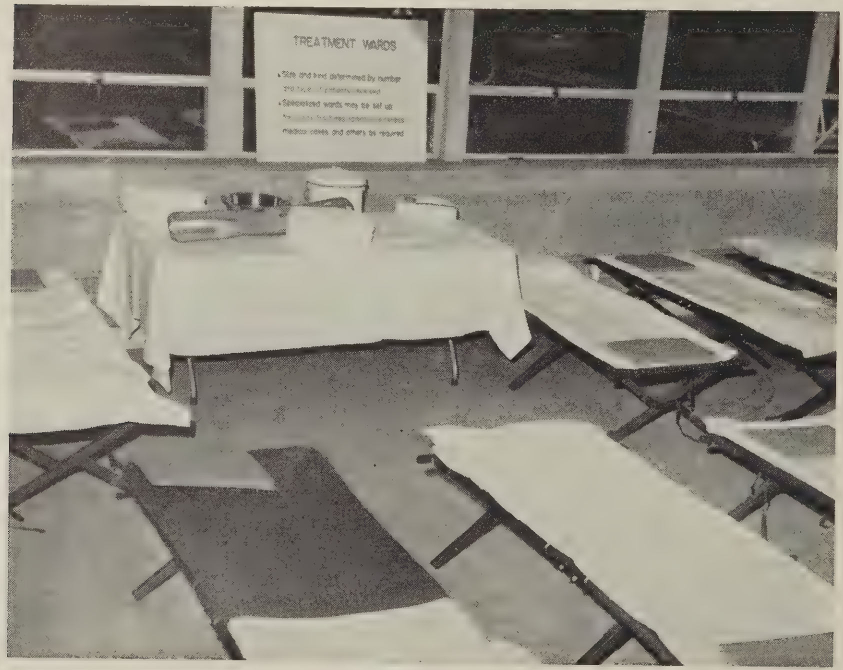
after an attack, the Maryland State Health Department, in conjunction with the State Civil Defense Agency, has developed a Civil Defense Emergency Hospital Training Program which contains approximately one-quarter of a 1953 model Civil Defense emergency hospital repacked in 77 multi-use containers, plus 30 cots to be used in shock and treatment wards. The eight functional sections of the Civil Defense emergency hospital assembled in the mobile unit are shown in the following pictures:

Training Exercise Program

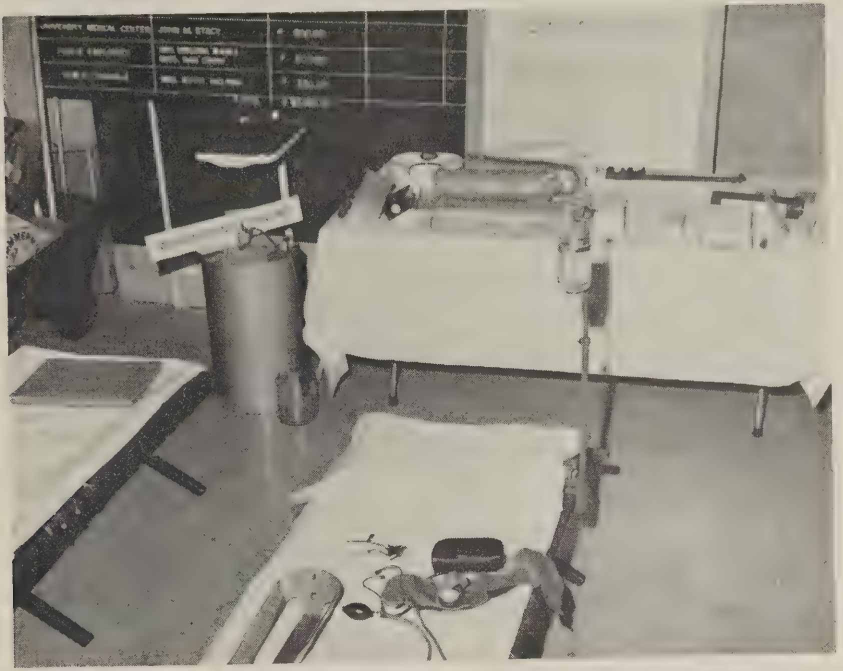
Embodied in the training program is a training exercise plan for erection of a Civil Defense emergency hospital in a school, church or similar building, which gives step-by-step, do-it-yourself instructions that can be understood easily and used by supervised laymen working under simulated emergency pressure. A staff is available to assist in planning and executing a training demonstration.

A successful exercise requires the organized participation of local Civil Defense and health officials, hospitals, medical and other related groups. From these groups, physicians, nurses, technicians, aides and other supportive personnel should be recruited and trained to function in an emergency.

Community Civil Defense directors and health officers are urged to cooperate in organizing various professional and supportive groups needed to conduct at least one training exercise yearly. Every completed exercise involving new personnel increases the reservoir of individuals oriented in the technicalities of setting up and operating an emergency hospital.



Treatment Wards—size and kind determined by number and type of patients received



Shock Ward—equipped for hemorrhage, shock, pre-operative and post-operative care

CENTRAL SUPPLY
Preparation and storage of equipment
to 48 hours of operation
supplies made up here

Central Supply—sufficient supplies and equipment stored for operation of hospital

Every community in which a Civil Defense emergency hospital is stored is responsible for training key individuals to effect a rapid and orderly transition from packaged supplies and equipment to a functioning hospital. Without adequate planning, staffing and training coordination, an emergency hospital in storage has no meaning.

Scheduling for use of the mobile Civil Defense training unit is subject to approval of the State Commissioner of Health and necessitates an up-to-date plan for community operation of the Civil Defense emergency hospital and availability of the building selected for the operational site.

Due to demands for the training unit, requests should be made to Health Mobilization, Maryland State Department of Health, at least six weeks in advance of the planned demonstration to allow for scheduling and planning consideration.

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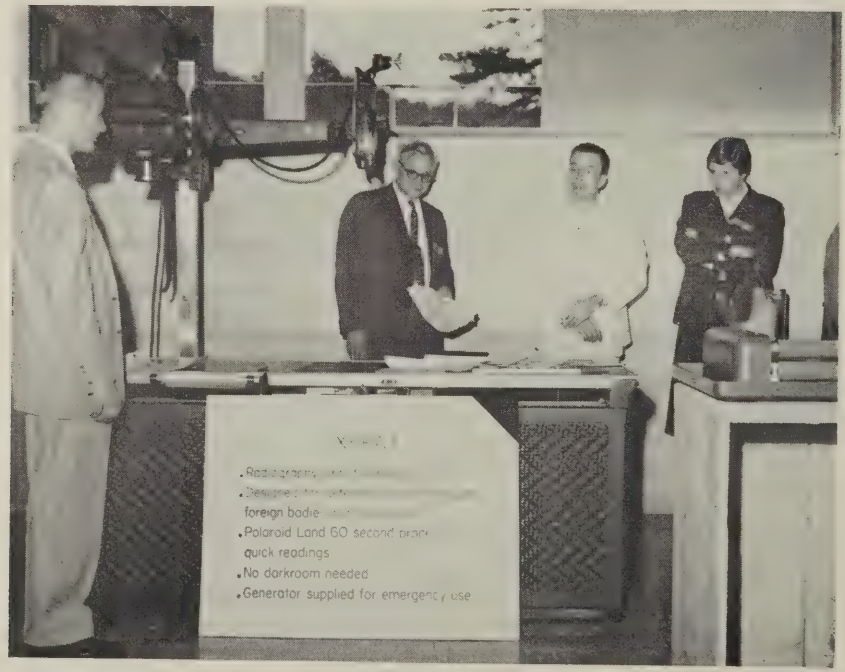
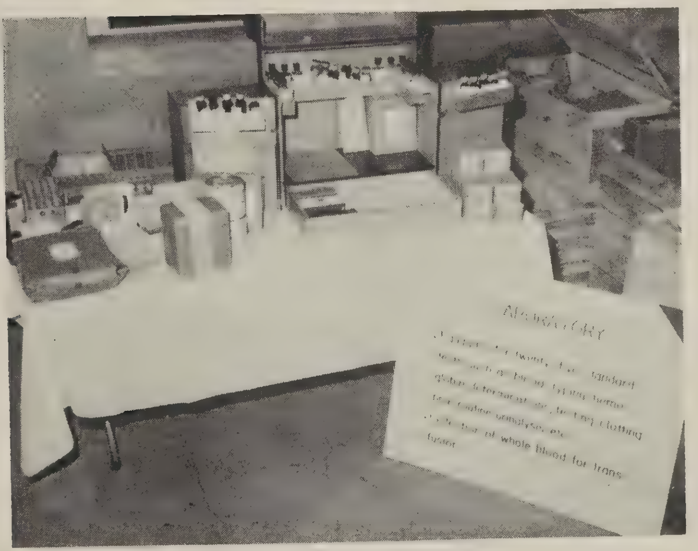
Are you a member of a partnership? If so, don't fail to investigate how MPhA Life can protect your interests: under the plan, you and your partner can name each other as beneficiary. Then, in the event of one partner's death, the other receives no less than $10,000, income tax-free, with which he can purchase, or make a substantial payment on, the deceased partner's interest. Often this will spell the difference between the continued existence of the business and its dissolution. For complete details and an application, phone or write Bob Bischoff, MPhA Life Administrator, 2215 Constitution Avenue, N. W., Washington, D.C. 20037. (Area Code 202/628-4410).



X-ray Service—radiography and fluoroscopy to determine fractures, dislocation and foreign bodies

Pharmacy Service—preparation and distribution of drugs



Laboratory Service—equipped for 25 standard tests and collection of whole blood for transfusion

NEWS ITEMS . . . . . .

J. H. Fitzgerald Dunning
Honorary President—1965
Baltimore Metropolitan
Pharmaceutical Association

Dr. J. H. Fitzgerald Dunning, president of Hynson, Westcott & Dunning, elected Honorary President of the Baltimore Metropolitan Pharmaceutical Association for 1965, was presented a plaque at the 49th Annual Banquet. This award was given in recognition of the many years of dedicated service to pharmacy and public health.

The following remarks were delivered by President Chodnicki:

Dr. Fitzgerald Dunning, I believe, has brought great distinction to the Baltimore Metropolitan Pharmaceutical Association by accepting the 1965 office of Honorary President of the B.M.P.A.

Dr. Dunning, has, of course, followed in the footsteps of one of the great pioneers in American pharmacy, his late father, Dr. H. A. B. Dunning, whom we were fortunate in having in the leadership of our profession not only in Maryland, but nationally as well. The Kelly Memorial Building stands as an example of the efforts and devotion of the entire Dunning family on behalf of the profession of pharmacy.

The support of every worthwhile project in pharmacy has been continued by Dr. Fitzgerald Dunning and the pharmaceutical manufacturing firm which became renown under his father's direction, and of which he is now the president.

Dr. Dunning was born in Baltimore and educated at Baltimore City College and the Johns Hopkins University, from which he received his A.B. degree in 1924 and Ph.D. in 1927.

As a research chemist at Hynson, Westcott and Dunning, he was concerned with many chemotherapeutic compounds, becoming Director of Chemical Research.

After serving in various executive capacities, he became general manager in 1941 and president in 1945.

Dr. Dunning has been involved in a variety of professional and community activities. He was president of the Johns Hopkins University Alumni and a Director of the American Foundation for Pharmaceutical Education.

He is a member of the Board of Directors of Keswick Home for Incurables and the Equitable Trust Company.

He has served as a member of the Council of the A.Ph.A. and President of the American Drug Manufacturers Association and presently is on the Executive Committee of the Pharmaceutical Manufacturers Association.

He is also a member of the American Chemical Society, the Maryland Pharmaceutical Association and the B.M.P.A.

It is a great honor, therefore, to present to Dr. Fitzgerald Dunning—a friend of pharmacy—this plaque in recognition of his devoted service to Pharmacy.

GOOD WILL

Good-will is the direct descendent of being decent.

Good-will is the respect you have earned and the confidence you command.

It will bring a customer several blocks out of his or her way to trade with you.

It works on rainy days and on dull days.

The biggest and best asset a businessman can have is good-will.

Good-will never goes out of style; it never changes face value.

It cannot be bought, neither can it be sold.

It is the indispensable, indestructible interest in industry.

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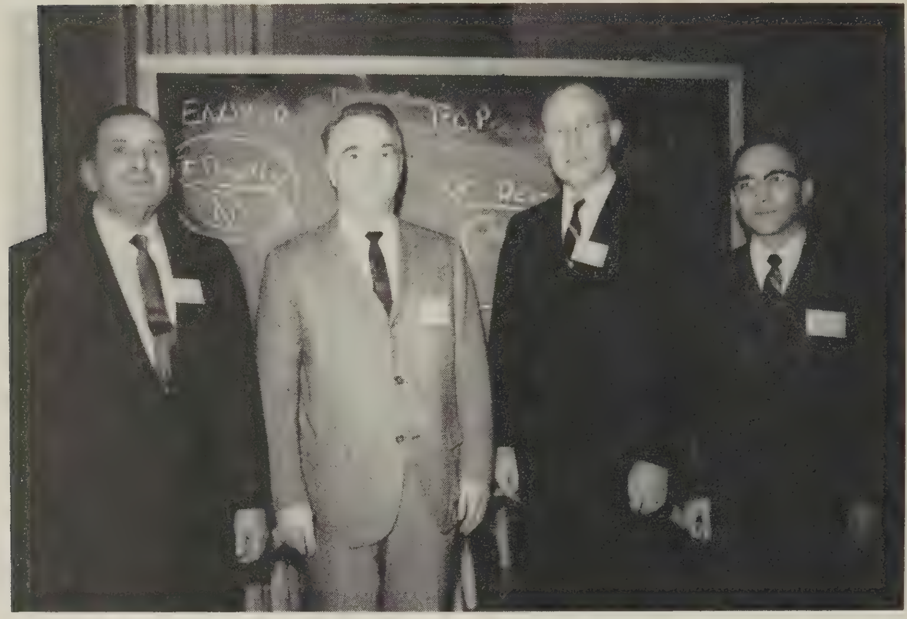
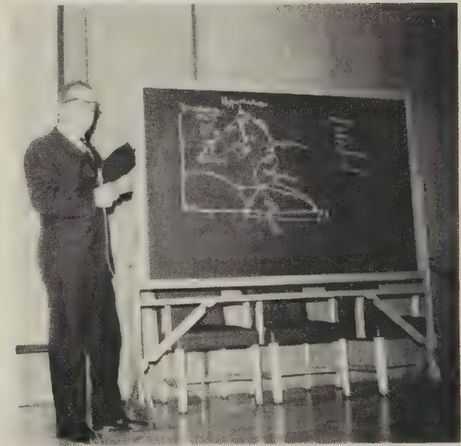
SWAIN PHARMACY SEMINAR

March 4, 1965





Top: Left to right - Seminar Chairman, Irving I. Cohen; Dr. Roger D. Reid (Office of Naval Research); Dr. Rudolph H. Blythe (Smith, Kline & French Laboratories); Secretary, Nathan I. Gruz.

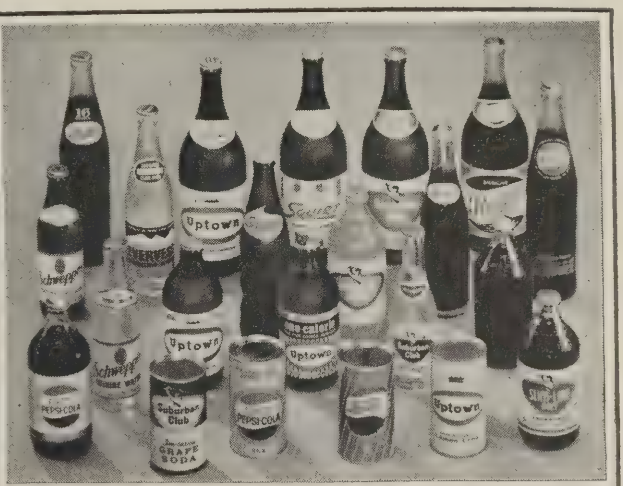
Bottom, left - Dean Noel E. Foss; Dr. Louis Lasagna (Johns Hopkins University); Chairman, Irving I. Cohen.

Bottom, right - Dr. Arthur L. Haskins (University of Maryland).

Courtesy Paramount Photo Service

How to make cool profits on soft drinks

Stock the hot ones!



Offer your customers everything they could possibly want in soft drinks. Choice of flavors—we've got them for you! Wide selection of packages—offer your customers returnables, no-returns and cans! Low-cal's, too—we've got them in all the best-selling flavors! We offer you an extensive, well-promoted line, that means sure profits for you. Call us now. It's good business . . . for you.

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Suburban Club Carbonated Beverage Co., Inc./OR 5-0100

AQUAPAC selected skins
—only the primes are processed.
Not just wet—but also lubricated and rolled
Lowest cost—greatest percentage of profit
Professionally promoted—presold
Unconditionally Guaranteed!
SELL ON OPEN CALL.
Retail $6.50 dozen—3 for $1.75

American Hygienic Co.
111 S. Paca Street, Baltimore,1, Maryland
Represented by—IRV. NORWITZ

Baltimore Veteran Druggists Meet

by B. F. Allen

The 310th meeting of the Baltimore Veteran Druggists' Association was held on Wednesday, March 17th, at the Student Union of the University of Maryland (Baltimore Campus), 12:45 p.m.

The following members were present at the luncheon-type meting: Melville Strasburger, Benjamin F. Allen, LeRoy Brown, Nelson G. Diener, Noel E. Foss, A. G. Leatherman, Bernard Ulman, Daniel A. Warren, Robert O. Wooten, C. T. Ichniowski, F. Harold Lewis, Frank J. Slama, Landon W. Burbage, and Eli Fedder.

After the lunch the meeting was called to order by Vice-President Wooten. It was announced with deep regret the passing of Dr. W. Arthur Purdum on Sunday, March 14th, at the Church Home and Hospital after a short illness. All present stood for a few moments in silent meditation as a mark of respect for Frater Purdum.

At this meeting, the birthdays of six fraters were to be celebrated. However, Frater Ichniowski was the only one present and responded with a brief review of his personal activities during the past year.

The meeting adjourned at 2 p.m. after the routine and special business (primarily St. Patrick's Day stories by Fraters Lewis, Slama, Wooten and Strasburger).

Pharmacy Changes

The following are drug store changes which occurred during the month of March:

Change of Ownership, Address, etc.

Braden's Professional Pharmacy, Inc., 1106 Spring Street, Silver Spring, Maryland & Braden's Professional Pharmacy, Inc., 808 Pershing Drive, Silver Spring, Maryland (both changed from individual ownership to a corporation) A. W. Braden, President.

Modern Pharmacy, Kenneth M. Shockman, Prop., 18 S. Market Street, Frederick, Maryland. (Formerly: Joseph Marmor, Prop.)

Dun-Hol Pharmacy, Walter C. Zajac, Prop., 6712 Holabird Avenue, Baltimore, Maryland 21222. (Formerly; Donnet's Pharmacy, Inc., John Donnet, President).

Pharmacies Closed

Kellough's Walbrook Pharmacy, G. Willson Kellough, Prop., 3143 W. North Avenue, Baltimore, Maryland 21216.

Prince Georges-Montgomery Counties Pharmaceutical Association

The following officers and executive committee were elected by the Prince Georges - Montgomery Counties Pharmaceutical Association to serve for 1965-66:

President—Richard D. Parker
1st Vice President—Melvin J. Sollod
2nd Vice President—Paul Bergeron, II
3rd Vice President—Murray Rubin
4th Vice President—Ervin Koch
Secretary—Paul Reznek
Treasurer—Richard Baylis

Gerald Y. Dechter, Chairman; Paul Fenton, Jr.; N. W. Chandler; Samuel Morris; Melvin Chaiet; Rudy Winternitz; Gabriel E. Katz; Joseph Shapiro.

Past Presidents include: Harold M. Goldfeder, Morris Yaffe, A. W. Braden, Herman Taetle, W. L. Brunnett, J. A. I. Parker, Robert Sinker, Dominic J. Vicino, Gerald Y. Dechter and Samuel Latona.

Maryland Association Of Hospital Pharmacists

The Maryland Association of Hospital Pharmacists was addressed by Dr. Ervin Gombos, Chief of Renal Service at the Mt. Alto Veterans Administration Hospital, Washington, D.C. at its meeting on March 18th. Dr. Gombos spoke on the "Artificial Kidney."

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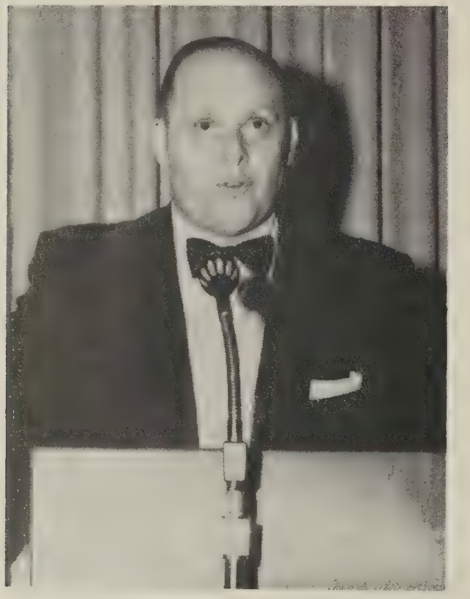
49th ANNUAL BANQUET

March 18, 1965



Courtesy Paramount Photo Service

(Top, left) - Honorary President Dr. Fitzgerald Dunning receives plaque from B.M.P.A. President Marion R. Chodnicki.

(Bottom, left) - Robert E. Abrams, Executive Secretary, American College of Apothecaries, featured speaker at 49th Annual Banquet and Dance of the Baltimore Metropolitan Phramaceutical Association.

(Top, right) - George H. A. Kommalon, Vice-President of the Borden Company, served as Toastmaster.

Note of Appreciation

We express our appreciation to Paramount Photo Service for providing photographic coverage at the various functions of the Maryland and Baltimore Metropolitan Pharmaceutical Associations during the year.

Paramount Photo Service provided the photographs of the members of the 1965 graduating class of the University of Maryland School of Pharmacy and the B.M.P.A. officers for 1965, published in the February issue of the Maryland Pharmacist.

We thank Paramount Photo Service and Messrs. Herman, Morris and Leo Bloom for their many courtesies and efforts on behalf of the various pharmaceutical organizations.

Sedatives and sleep-producers should be used only for occasional relief and not as a perpetual crutch.

Maryland State Council On Medical Care

Gordon A. Mouat, past president of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association, has been appointed the pharmacists' representative to the Maryland State Council on Medical Care. Mr. Mouat replaces Dr. Walter E. Albrecht who served for 16 years. Mr. Mouat also serves as pharmacy consultant to the Medical Care Section of the Baltimore City Health Department.

The following letter from Dr. William J. Peeples, Commissioner of Health, in appreciation of Dr. Albrecht's service, is reprinted:

DEPARTMENT OF HEALTH
STATE OF MARYLAND

March 3, 1965

Mr. Nathan I. Gruz, Executive Secretary
Maryland Pharmaceutical Association
650 W. Lombard Street
Baltimore, Maryland 21201

Dear Mr. Gruz:

It is with regret that we learned of Dr. Walter E. Albrecht's desire to be relieved of his appointment as your representative to serve on the Council on Medical Care.

We would like to take this opportunity to express our appreciation for Dr. Albrecht's long years of service. Since 1949 Dr. Albrecht's helpful advice and sound judgment have greatly strengthened the efforts of the Council and the State Department of Health in providing for pharmacy services under the Medical Care Program. Dr. Albrecht has been most generous of his time in serving as Chairman of the Pharmacy Services Committee, and he also has contributed significantly to the many special committees on which he so graciously agreed to serve.

Dr. Albrecht will be missed as a regular Council member, and it is hoped that he will give us an opportunity to consult with him from time to time on program matters in which there is a mutual interest.

Sincerely yours,

William J. Peeples, M.D. (sgd)
Commissioner

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Paul Flowers, in his "Greenhouse" column in the Memphis Commercial Appeal:

In the spring a young man's fancy bubbles up like warm beer, but authors, both those who aspire to start and those already en route, know no season. Fame and fortune all look so simple when acquired with materials so readily accessible as a pencil and a pad of paper.

People who would never dream of performing neuro-surgery without prolonged clinical training, who would shrink from arguing a suit in a court of law, or would decline to draw up plans for a stadium or skyscraper without legal or architectural training, cherish the illusion that they can blast off into literary orbit with nothing more than a fond wish.

Those of us who drudge our miserable lives away putting words on paper, and desiccate our immortal souls to triple sec powder while groping for ideas, resent the illusion that writing is a pleasant, and easy, route to riches and social status.

—Wall Street Journal

Being fat doesn't necessarily mean a baby is healthy. In fact, such babies should be checked periodically to learn if they are pre-diabetic.

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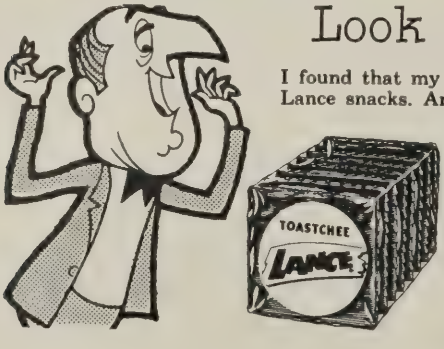

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Treatment of Burn Wounds Combine Aggressive and Conservative Tactics

Care of serious burn wounds should be conservative, combined with an aggressive approach to skin grafting, according to Dr. Duane L. Larson, University of Texas Medical Branch, writing in the Journal of Trauma (5:254, March 1965).

Of critical importance in treating severely-burned persons is early closure of open wounds in order to avoid bacterial infection. In the technique followed by Dr. Larson, closing wounds entails early excision and grafting or conservative debridement and later application of the patient's own skin for grafts. Skin grafts from other persons are usually used as an emergency, life-saving measure. Dr. Larson says if cadaver skin is to be used, it should be obtained under sterile conditions within six hours after death.

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OBITUARIES

DR. WILLIAM A. PURDUM

William Arthur Purdum, Ph.D., professor of pharmacy at the University of Maryland School of Pharmacy, died suddenly at his home, 3120 St. Paul Court Apartments, on March 14. He was 55.

A native Baltimorean, Dr. Purdum received his Ph.G., B.S., M.S., and Ph.D. degrees from the University of Maryland.

In 1930 he became an assistant in pharmacy at the University and progressed to the position of professor of hospital pharmacy in 1947. His entire career has been at the University of Maryland with the exception of two years, 1939-41, when he was assistant professor of pharmacy at the University of Georgia. He was one of the first Ph.D.'s to enter the field of hospital pharmacy. Dr. Purdum was a major adviser to many M.S. and Ph.D. candidates.

In addition to his work at the University of Maryland he was chief pharmacist at The Johns Hopkins Hospital from 1945-60, vice president for Production and New Product Development, Burrough Bros. Mfg. Co., 1960-65, and a consultant for hospital and industrial pharmacy.

The highest honor given in hospital pharmacy, the Harvey A. K. Whitney Lecture Award, was given to Dr. Purdum in 1950. He was an honorary member of Rho Chi Honorary Pharmaceutical Society, and The Society of Sigma Xi.

Dr. Purdum was past president of the American Society of Hospital Pharmacists and the Maryland Association of Hospital Pharmacists and was a member of the Maryland Pharmaceutical Association, Federation Internationale Pharmaceutique and Phi Delta Chi. He had served on the Council of the American Pharmaceutical Association.

He was also co-author of Lippincott's "American Pharmacy."

The service was conducted by his cousin, the Reverend Charles Edward Berger of All Saints Episcopal Church, Chevy Chase. Burial was in Parkwood Cemetery. Dr. Purdum was secretary-treasurer of Parkwood.

Dr. Purdum was the son of the late Frank C. and Gertrude Berger Purdum and brother of the late Frank L. Purdum. His father and brother had also been pharmacists.

MAXWELL C. AGNEW

Maxwell C. Agnew, 68, owner of Shupe's Pharmacy in Frostburg, died March 22, 1965 at Miners Hospital there. A native of Cumberland, he was a veteran of World War I, a member of Farrady Post 24, American Legion, the Presbyterian Church and the Maryland Pharmaceutical Association.

Surviving are a daughter, Mrs. Orville Jackson, a sister, Mrs. Almeda Robertson, Baltimore, and a grandson. His wife predeceased him.

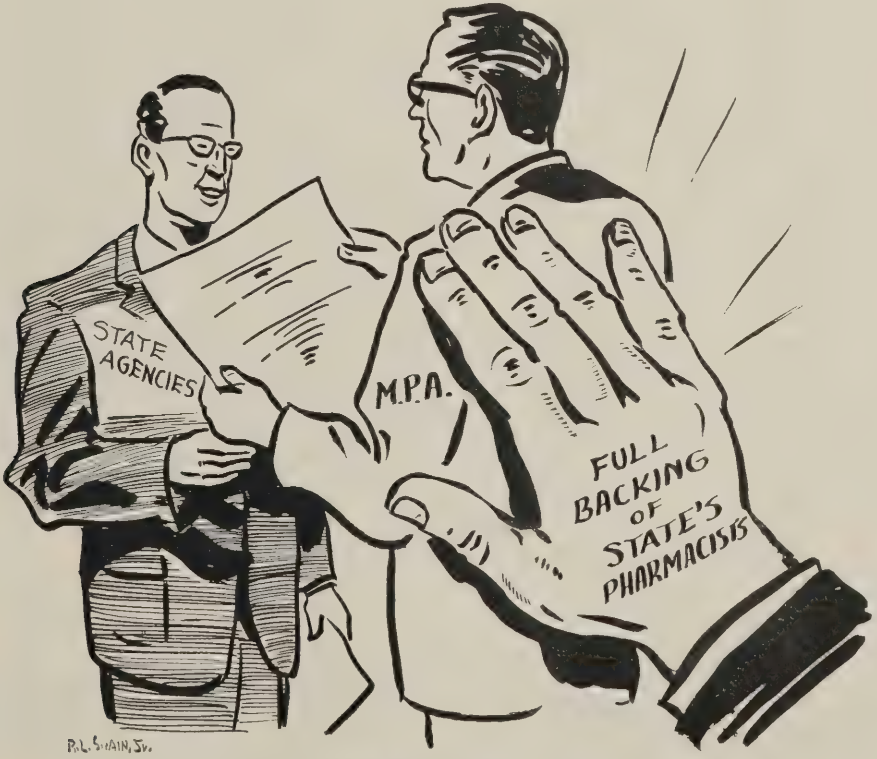
W. HARRY SMITH, JR.

W. Harry Smith, Jr., 51, pharmacist and proprietor of two pharmacies, died at Bon Secours Hospital, Baltimore, on March 28.

He had operated Smith's Pharmacy on Edmondson Avenue since his father's death in 1947, recently opening Professional Arts Pharmacy in the 5500 block Baltimore National Pike.

Born in Baltimore, Mr. Smith was a graduate of City College and the University of Maryland School of Pharmacy in 1936. He belonged to Ben Franklin Masonic Lodge, Boumi Temple Shrine, the Concordia Council, the Monumental Commandery and the West Baltimore Lions Club. He was a member of the Maryland and Baltimore Metropolitan Pharmaceutical Associations.

Surviving are his wife, the former Estelle Ortman; a son, W. Harry Smith 3rd, his mother, Mrs. Hilda M. Gilbert Smith, and four grandchildren.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Literature on indications and dosage available on request.

(1) Frykman, H.M.: Minn. Med., Vol. 38, Jan. 1955. (2) Poth, E.J.: The J.A.M.A., Vol. 163, No. 15, April 13, 1957. (3) McGivney, J.: Texas State Jour. of Med., Vol. 51, No. 1, Jan. 1955. (4) Stern, F. H.: Jour. of The Amer. Ger. Soc., Vol. 11, No. 3, Mar. 1963. (5) Weekes, D. J.: N.Y. State Jour. of Med., Vol. 58, No. 16, Aug. 1958. (6) Abbott, P.L.: Jour. of Oral Surg., Anes. & Hosp. Dental Serv., Vol. 19, July 1961. (7) Weekes, D. J.: E.E.N.T. Digest, Vol. 25, No. 12, Dec. 1963.

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FRANCIS S. BALASSONE

President

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(See Page 522)

VOLUME XL - NO. 7 APRIL 1965

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL APRIL 1965 No. 7

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HIGHLIGHTS IN THIS ISSUE

Page

Editorial 492
President's Message 494
Secretary's Script 496
School of Pharmacy, U. of M., News 498

Contributions:

Rho Chi Lecture—Jack Cooper 502
Urea In Pharmaceuticals—B. F. Allen 508

T.A.M.P.A. Tattler 516
B.M.P.A. President's Message 518

News Items:

Spring Regional Meeting 520
Prince Georges-Montgomery County Pharmaceutical Association 520
Francis S. Balassone Elected N.A.B.P. President 522
Amendments to Constitution M.P.A. 523
Baltimore Veteran Druggists' Association Meets 524
Pharmacy Changes 528
New APhA Award Presented 528
Pharmaceutical Marketing Activities Skyrocket in '64 530
Metals Give New Drug Potency Against Tumors 532
1964 . . . Another Year of Prescription Progress 532
"Baymal" Improves Pharmaceutical Formulations 534
Anti-Epileptic Drug Discussed 534
Plants Yield Tumor-Inhibiting Compounds 535
Experimental Pneumonia Vaccine Described by Pfizer Virologists 536

Obituaries 538

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

Marylanders Achieve National Recognition

Maryland pharmacists can be proud of the simultaneous, unprecedented recognition of three men from its ranks. At meetings held in conjunction with the annual convention of the American Pharmaceutical Association, three Marylanders achieved the presidencies of their respective professional specialty groups.

We are proud to congratulate the well earned recognition of the following Maryland pharmacists:

Francis S. Balassone, President, National Association of Boards of Pharmacy,

Alvin N. Geser, President, National Association of State Pharmaceutical Association Executives.

George P. Hager, President, American Association of College of Pharmacy.

The recognition accorded these leaders of their respective fields is a natural consequence of their whole-hearted dedication to both the profession of pharmacy and the positions they achieved in their profession.

Each one prepared for his special role by laboring at the many varied tasks in the complex pharmaceutical vineyard, and became recognized for distinguished service.

"Frank" Balassone, the only one of the three to remain continuously rooted in the Maryland pharmaceutical landscape, has achieved the respect and high regard of his professional colleagues for his many contributions in law enforcement ranks. Throughout Maryland all acknowledge his unimpeachable integrity, his fairness and his recognition of each person as an individual human being entitled to full consideration.

Alvin N. Geser, Executive Secretary of the New Jersey Pharmaceutical Association, in a few short years has been cited as a fearless spokesman for pharmacy, especially in the area of distribution of drugs to the public without professional supervision. His dedication to the highest ideals of the profession are an asset not only to New Jersey but to pharmacy everywhere.

Dr. George P. Hager, Dean of the College of Pharmacy, University of Minnesota, has achieved distinction as an outstanding scientist and educator. His background in industry, research, education, pharmaceutical associations (including state), as well as government consultant, has enabled Dr. Hager to make great contributions to the advancement of the profession of pharmacy.

We can all take pride in the many achievements and the service, the great ideals and the solid contributions, the personal sacrifices and the great honors of these three pharmacists who have established high standards for all in pharmacy to strive for.

Congratulations and best wishes for effective and rewarding administrations to Frank Balassone, Alvin Geser and George Hager.

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counterfeits are a threat

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George P. Larrick
U.S. Commissioner of Food and Drugs

"Counterfeiting of new and potent drugs is on the increase. If permitted to go on unchecked, it could lead to chaos in the marketing of new drugs and will inevitably result in a public health hazard."

Robert F. Kennedy
Senator from the State of New York

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counterfeits can be stopped

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President's Message . . . . . .

Dear Fellow Members:

One of the important responsibilities of a profession is to assure the continuation of a supply of qualified young people to enter the profession each year.

The Maryland Pharmaceutical Association some years ago established a scholarship fund to provide financial assistance to applicants in need. This fund, now known as the John F. Wannenwetsch Scholarship Fund, has enabled a number of fine young people to enter upon a career in pharmacy.

Working through the Joint Committee on Student Aid and Scholarships with the Alumni Association of the University of Maryland School of Pharmacy, all current funds have now been committed.

Scholarships are awarded on the basis of meeting entrance requirements and financial need. Aid has been given to "pre-pharmacy" students at the University of Maryland, Baltimore Junior College and Towson State College.

All pharmacists and those associated with the drug industry are urged to participate in meeting this obligation. We hope all of you will send a contribution —small or large—to the Maryland Pharmaceutical Association for the John F. Wannenwetsch Scholarship Fund.

Sincerely,

SOLOMON WEINER
President

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Secretary's Script . . .

A Message from the Executive Secretary

Professional Credit Protective Bureau

The Association has made available another service to its members in its constant effort to provide every assistance possible. The Professional Credit Protective Bureau of the Maryland Pharmaceutical Association is a plan adopted by more than twenty state pharmaceutical associations to enable their members to collect delinquent accounts.

We are gratified by the number of members who have already signed up for this dignified, professional and effective method of collecting old debts whether one year or ten years old.

Contact the Association office to learn how you can convert "worthless" debts into cash.

Medical Care Payments

Pharmacists are urged to submit medical care prescriptions to the Baltimore City or their respective county health department promptly and regularly in order to expedite payment.

In the Baltimore City program, it is recommended that medical care prescriptions be submitted weekly for payment in order to receive payment as quickly as possible. Payment is made every ten days and is usually received by pharmacies within four weeks of the time mailed in.

In the counties, medical care prescriptions should be submitted daily or at least weekly. Processing through the counties adds an additional step which lengthens the interval between submitting the prescriptions and receiving payment. Prescriptions are continuously being forwarded from the county health offices to the State Health Department. Those received by the **seventh** of the month are processed for payment by the end of the month. Payments shoud be received in 6 to 8 weeks from the time received by the county health officers.

By promptly and regularly mailing in your medical care prescriptions, you will shorten the wait for payment. Remember if a particular batch of prescriptions misses a processing period, it means a delay in receipt of payment of 10 to 15 days in the Baltimore City program and at least 4 weeks in the county program.

Suggestions:

1. Read all mail regarding the Medical Care program completely and carefully.
2. Follow all rules and regulations to assure full and more rapid payment.
3. Submit prescriptions **at least once a week.**

Dr. Robert E. Abrams

Along with a host of others who have had the privilege of working with Dr. Robert E. Abrams in behalf of the profession we were surprised to learn of his resignation from the post of Executive Secretary of the American College of Apothecaries.

However, knowing the qualities of intellectual honesty which Bob Abrams has always exhibited, we are confident he will continue making significant contributions to the advancement of the profession.

Bob Abrams' approach to pharmacy, and his understanding of what the nature of a professional's commitment should be, remain as ideals and standards for all of us to seek to attain.

Nathan I Gruz

Executive Secretary

Public Relations

The most important public relations activity in Pharmacy is that carried on by the pharmacist at the counter.

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School of Pharmacy, U. of M., News ......

ALUMNI NEWS

Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy, was elected to the Executive Committee of the American Association of Colleges of Pharmacy at its annual meeting.

* * * *

John J. Sciarra, Ph.D. '57, has been named Chairman of the Department of Pharmaceutical Sciences in the Graduate School of Arts and Sciences at St. John's University College of Pharmacy. He will direct all graduate studies in the areas of pharmacy, pharmacology, hospital and pharmaceutical chemistry.

SS HOPE Pharmacist Receives Squibb Award

Margaret Sherwood Oppedal received the Dr. E. R. Squibb Award at the American Pharmaceutical Association annual meeting. The award is presented under the auspices of the Pan American Pharmaceutical and Biochemical Federation.

In making the presentation before the Association's House of Delegates, Col. Bernard Aabel, Chairman of the Committee on International Relations, praised Mrs. Oppedal for her work aboard S.S. HOPE during the two voyages to Peru and Ecuador in 1962-64. Mrs. Oppedal established an efficient hospital pharmacy aboard the mercy ship, satisfying both the needs of the patients aboard the ship as well as at the shore clinics. Equally important were her achievements in establishing a control system for nearly two million dollars worth of pharmaceuticals, and her organization of a full scale medical library aboard S.S. HOPE.

The award was established in 1957 in cooperation with the Squibb Division of Olin Mathieson Chemical Company at the Fourth Pan American Congress of Pharmacy and Biochemistry meeting in Washington, D.C. It is awarded annually to a person selected by individual member associations for outstanding contributions to pharmacy and/or biochemistry and to public health.

Mrs. Oppedal was born in Pittsburgh, Pa., in 1931 and received her B.S. in Pharmacy at the University of Pittsburgh in 1953, and her M.S. in Pharmacy from the University of Maryland in 1957. She served as a community practitioner in Pittsburgh and as a staff pharmacist at Johns Hopkins Hospital in Baltimore, before being appointed as Assistant Chief Pharmacist at St. Luke's Hospital in Cleveland, Ohio, where she served from 1957 until she departed on her first S.S. HOPE voyage in 1962. Margaret Sherwood married Jorgen Oppedal, First Officer of the S.S. HOPE in Guayaquil, Ecuador, on April 1, 1964, during the second voyage.

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Frank S. Balassone, B.S. '40, Maryland Board of Pharmacy, Baltimore, Md.

Mrs. Frank S. Balassone, Baltimore, Md.

Theodore Benya, University of Maryland Hospital Pharmacy, Baltimore, Md.

Catherine Coleman, Food & Drug Administration, Washington, D.C.

Mary Ann Coleman, B.S. '46, Bayonne Hospital, Bayonne, N.J.

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John L. Cunzeman, B.S. '50, Smith Kline & French Laboratories, Philadelphia, Pa.

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Noel E. Foss, M.S. '32, Ph.D. '33, University of Maryland, School of Pharmacy, Baltimore, Md.

Mrs. Noel E. Foss, Baltimore, Md.

C. David Fox, M.S. '63, Ph.D. '65, Ayerst Laboratories, Rouses Point, N.Y.

Mrs. C. David Fox, Rouses Point, N.Y.

Roland P. Galley, B.S. '38, Galley Prescription Center, Arlington, Va.

Alvin N. Geser, B.S. '50, New Jersey Pharmaceutical Association, Trenton, N.J.

Salvatore J. Greco, Ph.D. '48, Creighton University, School of Pharmacy, Omaha, Neb.

Nathan I. Gruz, B.S. '39, Maryland Pharmaceutical Association, Baltimore, Md.

George P. Hager, Jr., B.S. '38, M.S. '40, Ph.D. '42, University of Minnesota, School of Pharmacy, Minneapolis, Minn.

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Stonewall C. King, Jr., M.S. '60, University of Georgia, School of Pharmacy, Athens, Ga.

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Joseph P. LaRocca, Ph.D. '48, University of Georgia, School of Pharmacy, Athens, Ga.

Leo B. Lathroum, B.S. '43, M.S. '48, University of Puerto Rico, San Juan, Puerto Rico

Robert E. Lawson, M.S. '53, Presbyterian - University Hospital, Pittsburgh, Pa.

Victor H. Morgenroth, Jr., B.S. '39, Voshell's Pharmacy, Baltimore, Md.

Charles E. Bang, Bureau of Laboratories, Maryland State Department of Health, Baltimore, Md.

Daniel M. Pasquale, M.S. '47, Ciba Pharmaceuticals, Summit, N.J.

Nagin K. Patel, Ph.D. '62, University of Manitoba, Winnipeg, Manitoba, Can.

Mrs. Nagin K. Patel, B.S. '63, Winnipeg, Manitoba, Can.

V. K. Prasad, University of Minnesota, Minneapolis, Minn.

Paul A. Pumpian, B.S. '50, Wisconsin Board of Pharmacy, Milwaukee, Wis.

Jane L. Rogan, Wayne State University, Detroit, Mich.

Joseph E. Rowe, Abbott Laboratories, North Chicago, Ill.

Ralph F. Shangraw, University of Maryland, School of Pharmacy, Baltimore, Md.

Arvin P. Shroff, Ph.D. '62, Ortho Pharmaceuticals, Raritan, N.J.

Theodore W. Tober, M.S. '58, U.S. Naval Hospital, Portsmouth, Va.

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Contributions . . . . . .

Rho Chi Lecture

University of Maryland School of Pharmacy
April 20, 1965
Delivered by Mr. Jack Cooper, Director,
Pharmacy Research & Development Division
CIBA Pharmaceutical Company

Is it not puzzling that so many young people these days are bored with a pattern of life which they find monotonous and without excitement and challenge for the days ahead? Shielded by self-pity and hibernating in a somnolent cave of inertia, they grumble that the golden days of adventure and exploration are forever gone. Only a few born with atrophied vomiting centers can become instrumented astronauts plummeting through the cold void of space to see how deep lies the lunar dust. The generations before this one were the lucky ones. The ripe mysteries of nature were still there to be solved and continents both torrid and frigid remained to be conquered.

Why this strange and sickly philosophy in a universe where more remains to be learned and found than our curious ancestors ever imagined? Can it be that the world of man is so cancerous that the search for enlightenment is hardly worth the candle? Out of this lethargy of the spirit cannot come true satisfaction or the dignity which sustains us in everyday life.

Sir Geoffry Vickers has said: "For each of us as well as for society and posterity, the need to struggle is the chance to grow. The world is like a dark forge, lighted by the sparks which men strike as they beat the staff of life into significance on the anvil of circumstance. The light is a function of the effort; we make it as bright as day if we hammer hard enough; but we shall never dispense with the need to hammer or live by the light of the sparks struck yesterday."

I can never read or hear these shining words without wishing that my career in pharmacy was beginning, rather than ending. So much light remains to be shed; so much effort needs to be expended; so many difficult problems have yet to come into focus. This is no time to whimper about the selfishness or greed of others, the cowardice of leaders, the glories of the past or the poverty of the present. To be young with bright eyes and open mind is to be strong. Around the anvil of the future there will always be room.

You should not harbor the impression that the sparks so eloquently referred to by Sir Geoffrey are struck only by the hammers of science. Without philosophy, logic, the creative and performing arts, the vocations and avocations, spiritual endeavors, trade and commerce, the human family would still be in the infantile stages of its development. In all the professions there exists a diversity of roles which tie the practitioners with the needs of Society. In Pharmacy, community, hospital, academic and industrial pharmacists play their parts because each is essential to a civilization grown ever more crowded and complex.

Science is international, and with space capsules speeding off in all directions, even universal; but scientists can be and are sectarian, nationalistic, bigoted and authoritarian. They can also be broadminded, libertarian and democratic. I am certain that many of you are already aware that in the eyes of some individuals and groups, pharmacy represents a second-class profession and the pharmaceutical sciences a mixed brew of good, bad and indifferent elements, seductively sliced off from the austere, noble basic disciplines. I have noted, but no longer with bitterness, that many a physician whose relationship to science in his daily practice is too tenuous to be visible thinks of the pharmacist as a second-rate cook serving only ready-to-eat ingredients prepared by mass production methods.

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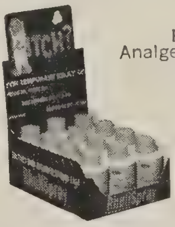

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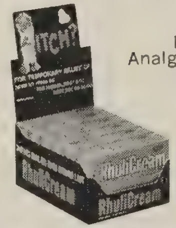
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It is impossible to dispute the contention that relatively few pharmacists participate directly, i.e., with their minds or hands, in the discovery, development, and testing of new therapeutic agents. However, the illusion that a great many physicians walk along this miracle road is widespread. Why does this imbalance exist, and to what extent can pharmacy as a profession improve its standing with the other members of the health team, the public and its government officials and agencies?

I believe that to a far greater degree than pharmacists, medical practitioners recognize that the life blood of a profession is the ever-changing body of knowledge which forms the foundation upon which professional status must rest. Certainly the membership roles of the American Medical and American Pharmaceutical Associations statistically attest to this interpretation. Associating the entire membership of a profession with the acquisition, transmission and utilization of a central core of experimentally demonstrated knowledge requires recognition by all of its public relations value and direct support of appropriate communication of this relationship. Too few of us realize that even though the role of the physician in the total research effort leading to the introduction of a so-called miracle drug is a minor one, it is always the medical profession which is credited with the pain relieved, the wounds healed and the lives saved. Only the distressing fallout from the flamboyant Kefauver investigation induced the pharmaceutical industry to embark upon a public relations program designed to tell a little more of the real story behind the discovery of new drugs.

Since modesty is not represented among my few remaining virtues, I would like to quote myself in connection with the credit where credit is due situation. In 1962 at a seminar at the College of Pharmacy of Wayne State University, I said, "The miracle and semi-miracle drugs have revolutionized therapeutics, but pharmacy as a profession has received little credit for its share. Our medical brethren have not been so naive as to separate the private industrial accomplishments from the general aura of satisfaction which accompanies progress in health care. For example, the vice-president of the Hospital Council of Greater New York, Dr. Alvin C. Eurich, has written: 'To a large extent the phenomenal success of the medical profession is responsible for the confidence the public has placed in our health services. Because our medical scientists have found miraculous cures for some of man's oldest afflictions, the public understandably now expects miracles to cure the rest.' In his article carrying the impressive tile, "The Citizen's Health: Whose Responsibility", Dr. Eurich fails to use the words 'pharmacy' or 'pharmacist' even once, but finds it necessary to mention occupational therapists, social workers, clinical psychologists and rehabilitation counselors. This omission is not accidental, premeditated or unusual, but is highly significant to those of us who seek to include pharmacy as an essential profession in modern society."

If the above comparison should make you believe that I bear some sort of a grudge against the medical profession, you are sadly mistaken. An old Ukrainian proverb is more revealing of my motive for it suggests that only those who play their own fiddles are invited to all weddings. The recognition and support of research as the vital and continuing life-blood of pharmacy by pharmacists first and then by the public is far more important to your future than correcting the sneering comparisons between community pharmacies and community hardware stores.

Now I realize, of course, that I can be charged with failing to recognize the pleasant sound of the cash register and that there are economic facts of life to be faced which do not concern me in my present position. Yes!—that's

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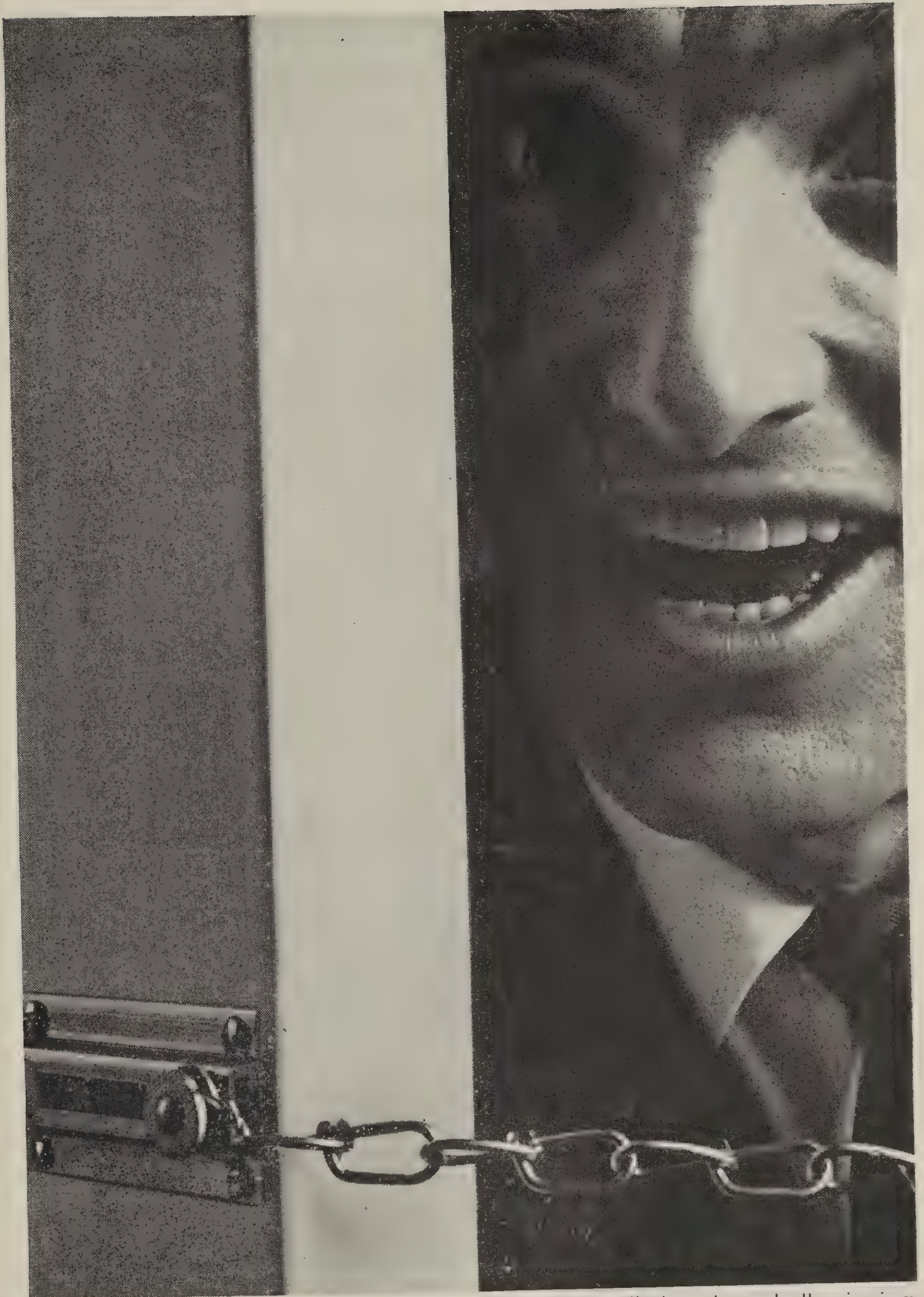
all very true, but I really don't need a hearing and to be aware of the grumbling, sour complaints and spasms of self-pity. Very few pharmacists today are candidates for the Great Society's Anti-Poverty Program, and I must therefore interpret any dissatisfaction as a failure to attain other goals.

At the recent Annual Meeting of the American Pharmaceutical Association in Detroit, two events took place which reinforced my opinion that it is recognition as members of a true profession which most pharmacists want and seek. The first occurrence was a demonstration including a model exhibit of a new physical design for a community pharmacy—the so-called Pharmaceutical Center. Everything in this design is geared to eradicate from the public mind the vision of a pharmacy as a congested stockroom infiltrated with the odor of grilled hamburgers and overheated coffee. The designers even went so far as to hide the register in a flower box blooming with cannabis indica and other popular drug plants. The exhibit attracted tremendous interest and aroused much discussion—some of it quite heated. Most of the pharmacists with whom I spoke were enthusiastic but fearful. They recognized the return to a more professional atmosphere as something they yearned for; but change, even for the better, requires courage, and most confesssed to a low inventory of this attribute. As is usual in such situations, a few will lead and perhaps many will follow.

The second important decision made at the A.Ph.A. Meeting concerns me more directly. The Council of the Association approved the establishment of an Academy of Pharmaceutical Sciences with the ambitious objective of unifying and expanding the activities of all pharmaceutical scientists within the framework of our national professional organization. The proposal for an Academy has been under discussion since 1962, but only within the past few months has it been possible to evolve an organizational plan satisfactory to the diverse, specialized interests represented in the pharmaceutical sciences. It is fervently hoped that once the Academy has survived and outgrown its formative birthpangs, the proper role of science and scientists in the development, production, and control of drugs will become clearer in the eyes of all pharmacists, educators, members of the other health professions, and the general public. Only then will we be in a good position to offer government agencies, the Congress, state and local legislative bodies, the mass media and foreign friends the wise counsel of respected experts speaking in the name of American pharmacy.

In concluding, I would like to urge those of you who possess insatiable curiosity, the will to attack and overcome problems and an emotional need to participate in creative scientific activity to consider a full-time career in pharmacy research. You will have to extend the students period of your life, frequently taking your wife and children with you, but the opportunities and rewards are ample. From the very beginning, the problems come home with you, share your meals and your bed and color your dreams. But then again, think how much more exhilarating than the possession of knowledge is the joy of creating it.

To every pharmacist, I would say that you have a vital investment in research. You must remain aware throughout your life of scientific activities in the area of drugs no matter where and under whose auspices such work goes on. The future of pharmacy as a profession is inextricably bound to research, and self-interest alone would demand the improvement and extension of all scientific efforts by pharmacists and their collaborators. In pharmacy, the words research and profession must become synonymous. When this has been accomplished, an important step in restoring the grandeur of an ancient profession will have been taken.



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Urea in Pharmaceuticals

By B. F. Allen, Ph.D.
University of Maryland, School of Pharmacy

Urea (NH_2CONH_2) is described in the Pharmacopeia as a colorless to white crystalline powder, almost odorless, but may gradually develop a slight odor of ammonia upon long standing. One Gm. of this material dissolves in 1.5 ml. of water and its solutions are neutral to litmus. The U.S.P. category for this substance is that of a diuretic.

For example, in the treatment of cardiac edema urea has found some therapeutic use as a diuretic. However, while it is commonly considered to be nontoxic, urea is contraindicated in the presence of marked impairment of renal function.

Urea is also known as carbamide, carbonyl diamide and carbonic acid diamide. It is interesting to note the extensive use of these other names as active ingredients in many commercial products on the market.

Although the U.S.P. category for urea is listed only as that of a diuretic, it is widely employed in creams and other topically applied preparations to treat infected wounds. It has some antiseptic action and stimulates cell proliferation and tissue growth.

Urea has been used to promote healing of varicose and diabetic ulcers, as well as to remove dead tissue. Topically, the beneficial effect of urea is believed due to enhanced proteolysis (the enzymatic or hydrolytic conversion of proteins into simpler substances) resulting from softening of the underlying fibrin substratum (a fibrous protein underlayer in which blood corpuscles are enmeshed).

Strong solutions of urea have been used to inject into the base of a wart in order to remove it. It is also said to promote the bacteriostatic activity of the sulfa drugs by inhibiting those substances that oppose them and by increasing the solubility and penetration.

Urea may be synthesized in several ways: (1) by rearrangement of ammonium isocyanate (NH_4CO), (2) by dehydration of ammonium carbamate (NH_4OCONH_2), (3) by the reaction of phosgene ($COCl_2$) with ammonia and (4) the reaction of dialkyl carbonates (ROCOOR) with ammonia.

The rearrangement of ammonium isocyanate is remembered as the classical urea synthesis by Wöhler, an experiment that started organic chemistry on its great development in 1828. This brilliant feat of preparing urea artificially is considered as the time when the molecule and the man came together.

In keeping with the increasing emphasis of the manufacture of urea and related chemicals, several new facilities have recently been constructed in the United States (one of these plants cost $15,000,000).

Commercially it may be prepared by interaction of carbon dioxide and ammonia under high pressure and at elevated temperature, by heating cyanamide (NHCNH) with water and in the presence of acid under pressure, or by heating calcium cyanamide (CaNCN) with a dilute sulfuric acid.

Urea is used in ruminant feeds to partially replace protein. In cattle and sheep rumen microorganisms can make use of urea nitrogen to synthesize their own body protein and when they are subsequently digested by their host provide amino acids for nutrition. (Ruminant: Animals possessing an arrangement of the fore-stomach whereby food is regurgitated and remasticated; an animal which chews the cud).

Although urea will produce diuresis when fed in large amounts to animals this action is seldom employed therapeutically in veterinary medicine.

In veterinary practice urea is applied to infected wounds in crystalline form or in aqueous solutions or ointments in concentrations of from 10 to 50 per cent. However, it has been stated that

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concentrations exceeding 20 per cent delay wound healing.

Over the past 20 years fluid therapy has decreased mortality in moderate burns and prolonged survival time in extensive burns. A lyophilized urea dissolved in 5% dextrose or invert sugar solution (4 per cent urea solution) is sometimes administered by slow intravenous infusion (drip) to promote diuresis. However, some workers have urged caution in using osmotic diuretics such as urea in spite of some support for its use to prevent renal shutdown. It has been pointed out that this solution must be carefully administered to avoid hypernatremia (abnormally high sodium level in the blood).

Since the beginning of this century various hypertonic drugs have been used in an endeavor to withdraw fluid from within the eye and thereby lower the pressure in cases of acute glaucoma. About eight years ago, it was found such an effect could be obtained by intravenous injection of urea (30 per cent solution). This had to be given by intravenous drip method and hence had the additional disadvantage of possible tissue necrosis. Urea given orally has an emetic and purgative effect.

A remarkably effective method for reducing elevated intracranial pressure also involves the intravenous administration of 30 per cent urea solutions. It likewise is administered by a slow drip method at not more than 60 drops per minute.

Urea has been used in the management of lead encephalopathy. One source states that 30 children, out of 42 with encephalopathies, received urea intravenously. While 10 of the 42 died, some of these had been in respiratory arrest and moribund on administration. Three of them were among the 24 treated with urea, but without surgery; 3 were among the 6 treated with urea and cerebral decompression; 2 among the 5 who had surgery but no urea; and 2 from the 7 who had neither surgery nor urea. The investigators felt that urea has a significant effect in combating cerebral edema and should be initiated in every child with encephalopathy and adequate urine secretion. However, while it has a definite and important role, urea is not the complete answer.

Urea is a weak base that forms salts with acids and will also react with many other substances to form combinations possessing interesting properties. For example, aqueous solubilities of terramycin and benzocaine were shown to be increased in the presence of urea. Solid tetracycline—urea complexes have been prepared which have improved stability and solubility properties over the uncomplexed drug. Complexes of sulfonamides, wool fat alcohols, detergents, and barbituric acid derivatives with urea have also been described. Urea has been reported to complex with proteins and long chain fatty acids and these substances are, of course, present in the cell membrane. It also forms loose associations with many sterols.

Stress-relaxation studies on hydrated callus strips in urea solutions have been conducted. Information of this nature is presumed to be of value in the rational formulation of preparations applied to the skin for either cosmetic or medicinal purposes. In a concentrated urea solution, a very large relaxation was recorded (indicates a possible softening effect).

A different approach to drug availability was reported by a group of investigators when they compared the absorption of sulfathiazole to a eutectic mixture of this drug and urea. Where sulfathiazole had a melting point of about 200°C, the eutectic mixture of 52 per cent sulfathiazole and 48 per cent urea by weight melted at 112°C. It was reported that the solubility of sulfathiazole decreased slightly with a continued increase by weight of urea. It was stated that the 8-hour cumulative urinary excretion of the eutectic was 50 per cent, while the 8-hour cumulative urinary

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excretion of the normal sulfathiazole was 39 per cent.

In a study pertaining to skin pharmacology it was found that certain plant proteases, chiefly papain, will dissolve powdered collagen in the presence of saturated or highly concentrated solutions of urea.

It is also interesting to note that the application of a substance from the tropical fruit, the Carica papaya, with other chemicals gives a high rate of healing in infected wounds. An ointment containing a combination of papain, which is obtained from the papaya, urea and the water-soluble derivatives of chlorophyll produced excellent results in 100 of 106 infected wounds treated.

Urea is being used in a variety of industries in ever increasing amounts for synthesizing compounds including many medicinal agents. For example, urethan formerly employed as a mild hypnotic and feeble diuretic is manufactured by heating urea and alcohol under pressure. Other derivatives of urea constituent compounds that are very important in therapy include barbitals, sulfonylureas (oral anti-diabetic agents), polymethylene urea (bacteriostatic and antimycotic), hydroxyurea (treatment of leukemia), ectylurea (tranquilizing agent), ethoxyphenylurea (synthetic sweetener) as well as a reagent, urea-cyamide (used in determination of uric acid in blood).

Of possible interest to the pharmacist are the following formulations which have appeared in the literature as well as in the form of prescriptions: (1) sulfanilamide 5, urea 10, chlorobutanol 3, and glycerin 82 (used in treatment of ear infections and the urea promotes healing); (2) chlorophyll, water soluble 6, urea 10, papain 10, and Neobase 74 (product expands due to gas formation); (3) urea 3, sulfathiazole 10, and vanishing cream 87; (4) sulfanilamide 10, urea 10, sulfadiazine 10, and talcum 70 (turns blue in metallic container); (5) urea 30, acacia 12 and cinnamon syrup 58 (urea has an objectionable taste, however, this preparation is reasonably palatable); (6) urea 1, oxyquinoline 0.5, chlorobutanol 2, liquid petrolatum 13, olive oil 5, wool fat 35.5, and petrolatum 43 (burn treatment); (7) benzoic acid 0.2, citric acid 1, urea 2, tragacanth 10, glycerin 10, and Ringer's solution 76.8; (8) cetyl alcohol 3, fatty alcohol sulfonate 0.5, water 75, oleyl oleate 10, red oil[a] 3, urea 2, citric acid 0.5, and glycerin 6 (anti-inflammatory and hemostyptic cream); (9) urea 40 and Cordran cream or ointment 60 (should be used within a short period of time since the duration of stability of these mixtures is unknown).

It is interesting to note that urea is combined with many other substances in commercial preparations recommended by the manufacturer in the treatment of peptic ulcer, hemorrhoids, obesity, reproductive disorders in women, ear infections, pruritis, and vaginal infections.

Urea is an ingredient in the following commercial products with the amount or concentration indicated in parentheses (when known by the writer): AQUACORT suppository (20 mg), jel (3.33 mg/0.5 Gm); B.F.I. tablet (1 Gm. /veterinary suppository); AURAZINE solution (10%); CARBAMINE packet (6 Gm./dose); CHORIONIC GONADOTROPIN injection (66.7 mg./vial); COW-TEAT ointment (16%); DIOBESE tablet (500 mg.); DIOTHANE suppository (10%); DIUROBEST tablet (500 mg); GANTRISIN ear solution (10%); KOROMEX powder; LIBIGEN injection

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[a] Red oil is made by macerating the crushed yellow flowers of St. John's Wort 25 per cent in olive oil, in sunlight, in clear glass containers for a suitable length of time. The oil contains 2 to 5 mg. hypericin per 100 ml. of oil, the principal "active" ingredient. The beneficial effects are largely those resulting from skin stimulation. Pharmaceutically, the oil is used in the treatment of bruises.

(5 mg/10 ml); MEDASSAGE cream and lotion; M.P. solution (100 mg/15 ml); OTOMIDE solution (10%); OTOMYCIN solution (5%) OTOTRIN solution (5%); PANAFIL ointment (10%); PHYLREA ointment (25%); SULTRIN cream (0.64%); TEENETTE tablet (500 mg); TRINALIS suppository (20 mg); TYROPHYLL troche (7.5 mg); UREAPHIL injection (4-30%).

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MPhA Life is available to all members under age 65 and in good health. Its low cost, liberal provisions and broad benefits make it the ideal life insurance plan for supplementing your present program. For complete details and an application, phone or write Bob Bischoff, MPhA Life Administrator, 2215 Constitution Avenue, N. W., Washington, D. C. 20037. (Area Code 202/628-4410).

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Injectable (10 mg. per cc.)
Ampuls 1 cc. 6s ☐ 100s ☐
Injectable (100 mg. per cc.)
Vials 2 cc. ea. ☐

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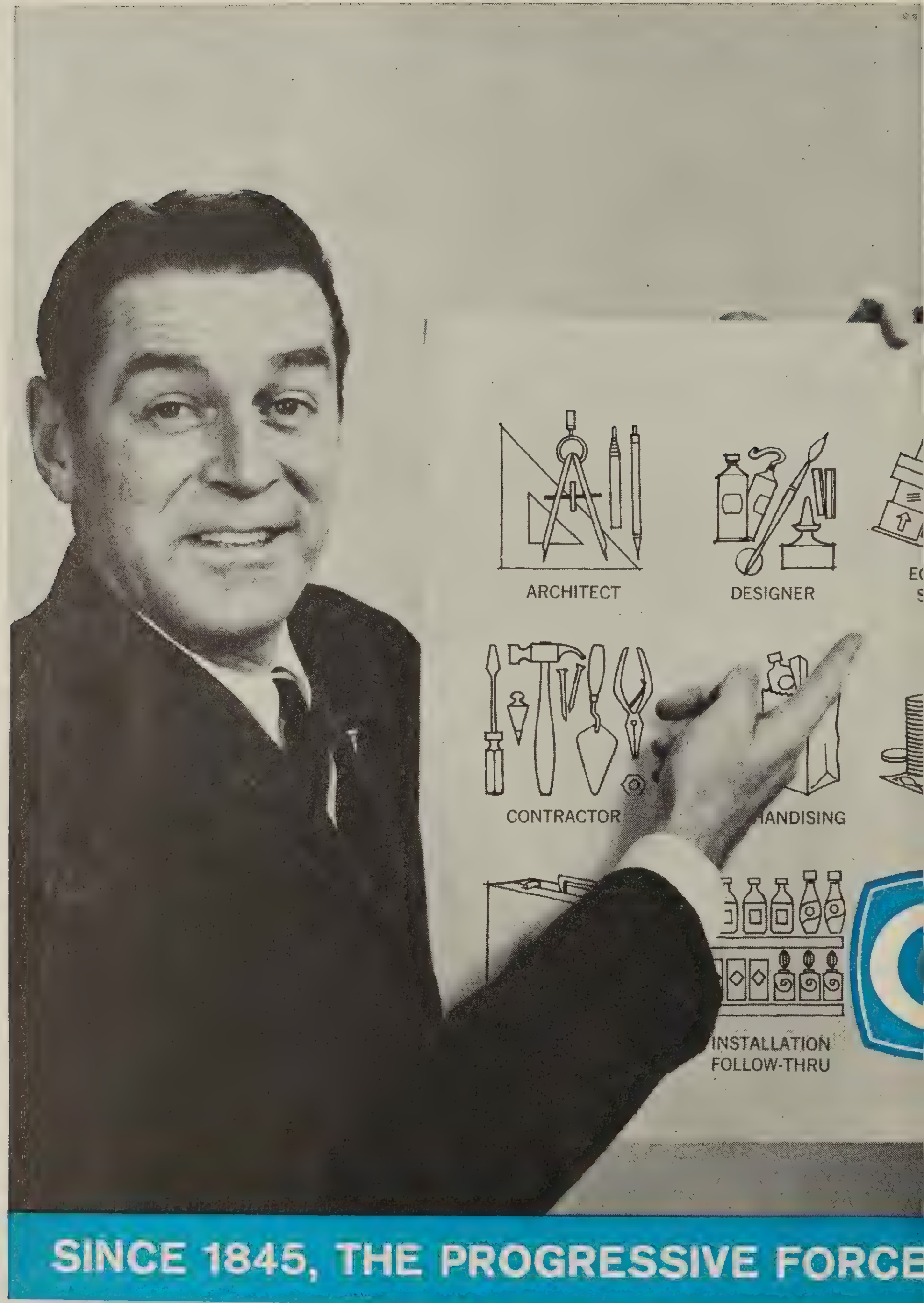
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Robert A. Williams	William A. Pokorny	Frank J. Slama

Maryland Pharmacist Committee

Paul H. Friedel, Chairman
Joseph Muth
George A. Kommalan, Board Advisor
L. Scott Grauel

Volume 23 APRIL 1965 No. 6

News from Bauer & Black

Bauer & Black's Baltimore representative, Jack Elbon, was recently promoted to Assistant Merchandising Manager of Curity First Aid Products and Curity Baby Products and has moved to the Home Office in Chicago. He won numerous sales awards in the three years he was here, including membership in the exclusive "Curity Club" all 3 years. He was also the Eastern

JACK ELBON

R. A. WOERNER

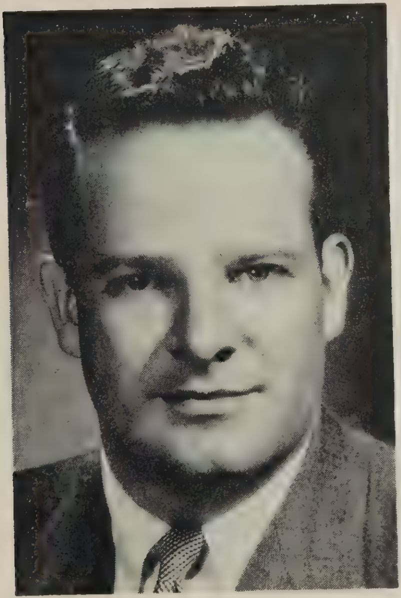
Region's "Merchandising Man of the Year" for 1963 and had the highest average order in 1965.

Baltimore's new Bauer and Black salesman is Ron Woerner. He is a graduate of Baltimore City College and Baltimore Junior College. Although this is his first position as a drug salesman, he is not entirely new to the field. His father, Ray Woerner, has been with the Calvert Drug Company for about 30 years.

Noxzema Announces Management Appointments

William D. Hunt has been named Vice President and Director of Marketing for the Noxzema Chemical Company of Baltimore, a newly created position in the company.

Mr. Hunt joined the Noxzema Company in 1955 and has been Vice President and Director of New Products. He is a member of the Board of Directors.



WILLIAM D. HUNT

In his new position, Mr. Hunt will be responsible for all phases of the company's overall marketing program.

Marvin L. Hathaway has joined the company in the post of General Sales Manager. He was formerly General Sales Manager of the Lentheric-Kings Men Division of Helene Curtis Industries. Mr. Hathaway will be in charge of Noxzema's national sales organization, with D. D. Dunham as Manager of Special Accounts and J. Gil Murphy as Assistant Manager of Special Accounts.

MARVIN L. HATHAWAY

News Item

Louis L. Hens, Baltimore District Manager for Abbott's Laboratories, has been appointed to the company's first District Managers Consulting Board. The Board will meet periodically to serve in a liaison capacity between management and the field sales force.

Baltimore Metropolitan Pharmaceutical Association

OFFICERS 1964

Honorary President—DR. FITZGERALD DUNNING
President—MARION R. CHODNICKI
First Vice President—JEROME A. STIFFMAN
Second Vice President—FERDINAND F. WIRTH, JR.
Third Vice President—DONALD O. FEDDER
Fourth Vice President—JOSEPH H. MORTON
Secretary—NATHAN I. GRUZ
Secretary Emeritus—MELVILLE STRASBURGER
Treasurer—CHARLES E. SPIGELMIRE

EXECUTIVE COMMITTEE

Chairman—IRVING I. COHEN

Balance of 2 year term
BERNARD B. LACHMAN
JOSEPH L. OKRASINSKI
PHILLIP RICHMAN
MYER STOLER

For a 2 year term
IRVIN KAMENETZ
NICHOLAS C. LYKOS
ANTHONY G. PADUSSIS
MILTON SARUBIN

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

Tthe members of the Baltimore Metropolitan Pharmaceutical Association are gratified at the achievement in obtaining an increase in fees for prescriptions filled under the Medical Care program.

The B.M.P.A. worked hard over the years in support of the efforts of the Maryland Pharmaceutical Association to improve the situation for pharmacists participating in the Medical Care program. Over the years the officers and representatives of the B.M.P.A. cooperated in all campaigns directed to medical care problems, especially as it concerned the Baltimore City Program.

We salute the leadership of the Maryland Pharmaceutical Association in the progress that has been made and we are proud of the role that the B.M.P.A. has played in cooperation and support.

I wish to commend Dr. Ralph F. Shangraw, Associate Professor of Pharmacy at the University of Maryland School of Pharmacy for his excellent presentation at the April meeting. His talk on "New Aspects of Pharmaceutical Dosage Forms" was most informative and a fine contribution to keeping our members up-to-date on progress in pharmaceutical sciences. I also wish to thank Mr. John J. Bishop, Jr., Towson attorney, for speaking to us on "The Influence of the Pharmacist and His Role in the Community".

Sincerely,

MARION R. CHODNICKI

President

How to feel like the tropics in Maryland!

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NEWS ITEMS . . . . . .

Spring Regional Meeting Maryland Pharmaceutical Association

The Spring Regional Meeting of the Maryland Pharmaceutical Association, together with the Ladies and Travelers Auxiliaries, was held Thursday, April 29, 1965, at the Washingtonian Country Club, Gaithersburg, Maryland.

President Solomon Weiner presided. He called upon Dr. John F. Schaefer, formerly a pharmacist and Chairman of the Liaison Committee and the Pharmacy Liaison Sub-Committee, who served as moderator.

An open forum and discussion session was held on the subject of "Physician-Pharmacist Relationships." The speaker was Dr. B. Martin Middleton, Chairman "Med-Chi" Legislative Committee, and the panelists were Dr. E. P. Williamson, Liaison Sub-committee, and Mr. Jack Sargeant, Executive Secretary of "Med-Chi."

The open forum included discussions on "Medicare", telephone practices of physicians and their office assistants in relations with pharmacists, quoting of prescription prices by physicians and the role of physicians in explaining to their patients the important role of community service pharmacists in contrast to pharmacists operating on price appeal alone.

Amendments previously read at the Fall Regional Meeting, October 22, 1964, were adopted. One amendment establishes machinery for "reciprocal membership" agreements between pharmaceutical associations within the State of Maryland and the Maryland Pharmaceutical Association. The other amendment alters the method of amending the constitution of the M.P.A. The full texts are printed elsewhere in this issue.

Presentation of the second A. H. Robins Bowl of Hygeia Award in Maryland for community service was made to Past President Norman J. Levin by John M. Cosby, district sales supervisor in the Chesapeake Division of the A. H. Robins Co.

A tribute to Dr. Walter F. Albrecht, Honorary President of the M.P.A., was made on the completion of 16 years as pharmacy's representative on the State Council on Medical Care. A beautiful plaque in honor of his contributions to pharmacy and public health was presented.

L.A.M.P.A. program for the ladies featured Mr. Sheldon Saters, Interior Decorator.

Prince Georges-Montgomery County Pharmaceutical Association

The 11th Annual Installation Dinner-Dance of the Prince Georges-Montgomery County Pharmaceutical Association was held April 14, 1965 at the Sheraton Silver Spring Motor Inn.

In addition to the installation of the officers and executive committee elected at the March meeting, James E. Allen, President of the Henry B. Gilpin Co., spoke on "The Better Half of Pharmacy". The informative address emphasized the unique aspects of pharmacy practice and the great opportunities for service by pharmacists. Mr. Allen pointed out it is this service role which is pharmacy's great strength.

The Toastmaster was Marvin Freedenberg and the installation of officers was conducted by past president Dominic J. Vicino. Richard D. Parker, Presi-President, Gerald Y. Dechter, were made dent for 1965-66, responded.

Presentation of awards to the outgoing for Henry B. Gilpin Company by Grant Turner, Manager, Washington Division, for Washington Wholesale Drug Exchange by J. Carroll Benson, Sales Manager, and for District Wholesale Drug Corporation by David I. Estrin, President.

"Over 60 Years Service To Baltimore Druggists"

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Ace Hard Rubber Combs
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Camp Stationery
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Jones Enamelware
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F. S. Balassone Elected N.A.B.P. President

Francis S. Balassone, Chief, Division of Drug Control and Secretary of the Maryland Board of Pharmacy, was elected president of the National Association of Boards of Pharmacy at the annual meeting held at the A.Ph.A. Convention in Detroit.

A native of West Virginia, "Frank" Balassone adopted Maryland as his residence upon entering the University of Maryland School of Pharmacy, from which he graduated in 1940. His career since then has covered a broad spectrum of the pharmaceutical field.

After employment as a chemist with the Standard Pharmaceutical Corp. in Baltimore from 1940 to 1941, he was associated with the Yager Drug Co. until 1951, attaining the position of Executive Vice-President and General Manager. From 1946 to 1951, he also served as an instructor at the University of Maryland School of Pharmacy.

From 1951 to 1956, Mr. Balassone was the proprietor of the Overlea Pharmacy in Baltimore. He was appointed to his present position in 1955 as a Commissioner of the Maryland Board of Pharmacy, Secretary-Treasurer of the Board and as Chief, Division of Drug Control.

His professional activities include: Consultant, U. S.Food and Drug Administration since 1963; Chairman, Committee of the National Association of Boards of Pharmacy on the Status of Pharmacists in Government Service since 1958; Chairman, District 2, National Association of Boards of Pharmacy and the American Association Colleges of Pharmacy 1960-1961; Delegate, U. S. Pharmacopoeial Convention 1960; Member, Committee of Revision of Model Food and Drug Act of the Association of Food and Drug Officials of the United States since 1963; Delegate, Office of Emergency Planning, Executive Office of the President 1963; Consultant of Pharmacy Services, Committee on Medical Care, Maryland State Health Department since 1957; Member Governor's Commission (Maryland) to Revise Food, Drug and Poison Laws since 1962; President, Alumni Association, School of Pharmacy, University of Maryland 1951-1952; Secretary, Baltimore Branch, American Pharmaceutical Association 1945-1951; President, Baltimore Branch, American Pharmaceutical Association since 1958; President, National Association of Boards of Pharmacy 1965.

The military record of Mr. Balassone began with enlistment in the U. S. Marine Corps in 1942. He achieved the rank of Captain, U. S. Marine Corps Reserve after service in the continental United States and the Samoan Islands.

Mr. Balassone is a member of the following professional and fraternal organizations: American Pharmaceutical Association; National Association of Boards of Pharmacy; Association of Food and Drug Officials of the United States; Maryland Pharmaceutical Association; Maryland Public Health Association; Baltimore Metropolitan Pharmaceutical Association; Maryland Society of Hospital Pharmacists; Maryland Society for Medical Research; Baltimore Branch, American Pharmaceutical Association; Alumni Association, School of Pharmacy, University of Maryland; Phi Delta Chi; Fourth Degree, Knights of Columbus.

He was selected as the 1965 recipient of the Honored Alumnus Award of the Alumni Association of the University of Maryland School of Pharmacy.

Frank Balassone is married to the former Dolores Regina Bond and has four sons.

Part of the essential cost of maintaining a hospital is in keeping it a safe, clean place for those who need care.

Amendments To Constitution Maryland Pharmaceutical Association

The following amendments were adpoted at the Spring Regional Meeting, Washingtonian Country Club, Gaithersburg.

RECIPROCAL MEMBERSHIP

Add to Article III (Types of Membership) as new Section 2.

The Association may enter into agreements with such pharmaceutical organizations which are presently or may hereafter be organized within the State of Maryland, and if approved by the Executive Committee, for the establishment of reciprocal membership, whereby membership in the Association would be a prerequisite for membership in such other organization and likewise membership in such other organization, for those eligible, would be required for membership in the Association.

The Succeeding section numbers to be renumbered from 3 to 7.

TO AMEND ARTICLE V.

"Amendment of Constitution" to read as follows:

Every proposition to alter or amend this Constitution must be submitted in writing to the Constitution & By-Laws Committee. This Committee will prepare the proposed amendment in the proper legal language and refer it, with its recommendations, to the Executive Committee for discussion and recommendation.

The proposed amendment will be read with the Executive Committee's recommendation at the next duly constituted meeting of the Association, at which time there may be discussion and revisions of the proposed amendment.

The agreed on version will then lie over until the next duly constituted meeting of the Association, when, upon receiving an affirmative vote of two-thirds of the members present, it shall become part of this Constitution.

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America's Foremost Service Wholesaler

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Baltimore Veteran Druggists' Association Meets

Prepared by B. F. Allen

The 311th meeting of the B.V.D.A. was held on Wednesday, April 21, 1965 at 12:45 p.m. Present were Fraters Allen, Irving Cohen, Diener, Foss, Gruz, Kantner, Leatherman, Slama, Strasburger, Ulman, and Wooten.

Vice-President Wooten called the members to order immediately after lunch for the transaction of business.

The sad death of Frater Yingling was announced, and profound sorrow was expressed by all. The members present stood in silent meditation as a mark of respect for the late Veteran Yingling while Frater Diener read the memorial

Raymond J. Yingling was president of this body at the time of his death. He was Noxzema Chemical Company's first hired salesman when it organized in 1917, and its Vice-President when he retired 48 years later.

Secretary Foss reported that Frater Brown, whose birthday anniversary was to be celebrated, could not be present on account of illness.

Frater Ulman, Chairman of the Nominating Committee, announced that Vice-President Wooten is now automatically elevated to president of this organization.

The 312th meeting was held on Wednesday, May 19, 1965 at 12:45 p.m. The following members were present: Fraters Allen, Balassone, Frank Block, Irving Cohen, Diener, Fedder, Foss, Gruz, Ichniowski, Levin, Lewis, Slama, Strasburger, Ulman and Wooten.

Lewis Diener, M.D., was present as a guest of his brother Frater Diener.

After the lunch the meeting was called to order by President Wooten and the minutes of the last meeting were read by Secretary Foss.

The Nominating Committee reported the selection of L. M. Kantner for Vice President, which was unanimously approved.

Frater Francis S. Balassone who has given many years of service to pharmacy was recently installed as President of the National Association of Boards of Pharmacy at the annual meeting in Detroit. He is the first Marylander to be elected President of this group in 30 years.

The remainder of the meeting was devoted to the celebration of the birthday anniversaries of Fraters Diener and Slama. During the course of the celebration the members present had the delightful experience of listening to speeches made by these men in which they related many interesting incidents of a personal nature which happened in the pursuit of their calling.

This being Frater Diener's 75th birthday anniversary, it was made the occasion of a special celebration. President Wooten congratulated him upon having reached the three-fourths century mark, and presented Frater Diener with a silver plate as a gift to commemorate the event. The occasion was a very happy one and it is believed that it will be remembered as a pleasant event in the lives of all those who were present.

Nelson G. Diener started his pharmacy career at Gorrell's Drug Store in Culpepper, Virginia. In 1910 he graduated from the University of Maryland and was employed in an east Baltimore pharmacy. He was President of the Maryland Pharmaceutical Association in 1949 and has been a Vice-President as well as a member of the Board of Directors of the Calvert Drug Company.

Just before adjourning, President Wooten announced that in his opinion, consideration should be given at the next meeting to the proposing of additional candidates for membership.

It was also stated that there will be no more meetings of the Veterans' Association until October because of the summer months.

Both of these meetings were held at the Student Union of the University of Maryland (Baltimore Campus).

News

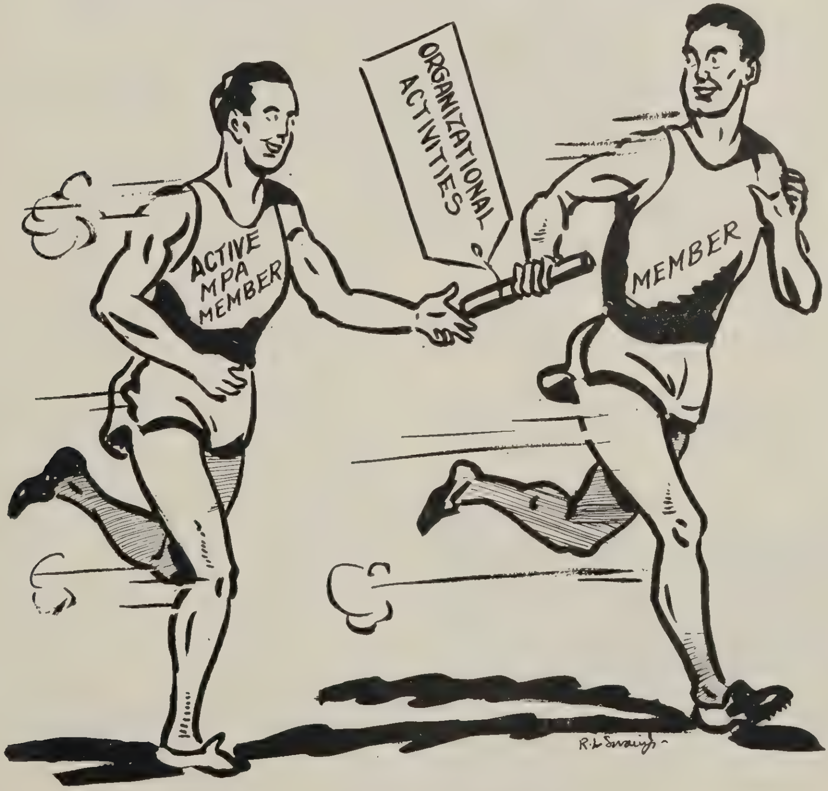
American Health and Life Insurance Company announced the appointment of The E. G. Leatherman Company as General Agents in the Baltimore Area.

The firm serves as agents for the pharmaceutical association group Health, Accident and Major Medical plans. These plans offer valuable and unique protection and income features at considerable savings over individual plans.

E. Gordon Leatherman, President of the firm, has been with American Health and Life since 1946. He has been a leading producer, has received numerous quality awards, and has been a member of the Company's agent advisory board. He is a past president of the Maryland Association of Accident and Health Underwriters. He is an affiliate member of the Maryland Pharmaceutical Association.

Mr. Roy H. Shumaker, Vice President and Treasurer of the firm, has been engaged in the insurance business in both sales and management for the past 40 years, and has represented American Health and Life since 1952.

The E. G. Leatherman Company welcomes your requests for information and material regarding American Health and Life's group insurance programs of disability income, hospitalization, and allied health insurance coverages.



GET INTO THE RUNNING

"Bowl Of Hygeia" Award To Norman J. Levin For Community Service

Courtesy Paramount Photo Service

Left to right: Solomon Weiner, Norman J. Levin, John M. Cosby.

Pikesville pharmacist Norman J. Levin was honored by the Maryland Pharmaceutical Association as its 1965 recipient of the A. H. Robins Bowl of Hygeia award for outstanding community service.

Mr. Levin, owner of Fields Pharmacy, received the award April 29th at the Maryland association's Spring regional meeting in Gaithersburg. Making the presentation was John M. Cosby, district sales supervisor in the Chesapeake Division of the A. H. Robins Company. Participating in the ceremony was Solomon Weiner of Baltimore, president of the Maryland Pharmaceutical Association.

The recipient, a native of Baltimore, is a 1938 graduate of the University of Maryland School of Pharmacy.

He is a member and past president of the Pikesville Business Association and is a member and past director of the Pikesville Lions Club. He also has served on the Pikesville planning council and development commission.

Mr. Levin is a member of the Chizuk Amuno Congregation, and is serving as chairman of the pharmacists' division of the Associated Jewish Charities for 1965. He also is a member of the Northwest Regional Advisory Board of the Maryland National Bank and the Board of Directors of the Calvert Drug Company.

During World War II, Mr. Levin enlisted in the Army, serving first as a pharmacist at Fort George G. Meade, Md., and later as an instructor at the Medical Technicians School at Fort Sam Houston, Tex. He attained the rank of captain.

Active in professional circles, he is a member of the executive committee and a past president of the Maryland Pharmaceutical Association. He is a member of the Maryland Board of Pharmacy, and is a past president of the Alumni Association of the University of Maryland School of Pharmacy.

Mr. Levin is a member of the American Pharmaceutical Association, N.A.R.D., and B.M.P.A. He also belongs to the Arex Club, Amicable Lodge of the Masons and the B'nai Brith.

Mr. Levin is married to the former Ruth Singer of Baltimore. They have two children, Jeffrey and Susan.

One Of The Benefits Of M.P.A. Membership

PROFESSIONAL CREDIT PROTECTIVE BUREAU . . . recently endorsed by the MPA Executive Board is being utilized by many members. All members that returned cards will be contacted personally by a representative of the I .C. System. The participation is much greater than anticipated, so there may be some delay before you are contacted. We hope too, that the recognition of a state-wide facility of this kind will provide a strong deterrent to "dead-beats" to keep them from preying on so many different pharmacies. If you haven't sent in a card and would like more information, or wish a representative to brief you on the program, let us know. Telephone SA. 7-0746.

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Boost your ice cream volume — and your store volume — by stocking Sealtest, the one brand steadily sparked by Special Flavor promotions. NEW in name, NEW in taste excitement, NEW in consumer appeal — each Special Flavor is backed by a terrific promotion that will attract customers for ice cream **and build your sales of other items as well!**

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- Colorful cartons individually designed to promote each Special Flavor.

One Flavor sells the others —
When they're from Sealtest

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TRADE MARK
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Pharmacy Changes

The following are changes which occurred in pharmacies during the month of April:

New

Read Drug & Chemical Company, Arthur K. Solomon, Pres., 807 S. Salisbury Blvd., Salisbury, Maryland 21801.

No Longer Operating As Pharmacies

Dulaney-Towson Nursing Pharmacy, Melvyn T. Pugatch, Pres., 111 West Road, Towson, Maryland 21204.

Glen Burnie Pharmacy, Paul Schochet, Prop., 120 Crain Highway, N.W., Glen Burnie, Maryland.

Tomney's Pharmacy, James T. Tomney, Prop., 4718 Harford Road, Baltimore, Maryland 21214.

Change of Ownership, Address, Etc.

Highland Pharmacy, Inc., Albert M. Silverman, Pres., 3325 E. Baltimore Street, Baltimore, Maryland 21224. (Changed from individual ownership to a corporation).

Snyder Pharmacy, Douglas Holtschneider, Pres., 3301 Eastern Blvd., Baltimore, Maryland. (Changed from individual ownership to a corporation).

Sun Ray Drug Company, J. E. Margolis, Pres., 5820 Hillen Blvd., Baltimore, Maryland 21212. (Changed ownership—formerly William H. Sylk, Pres.)

Sun Ray Drug Company, J. E. Margolis, Pres., 5616 Ritchie Highway, Baltimore, Maryland 21225. (Changed ownership—formerly William H. Sylk, Pres.)

New APhA Award Presented At Meeting

The first presentation of the Daniel B. Smith Medal was made at the annual banquet of the American Pharmaceutical Association.

Eugene V. White, community pharmacist of Berryville, Virginia, is the first recipient of the Smith Medal. The presentation was made by Grover C. Bowles, Jr., Chairman of the APhA Council, and President-elect of the Association.,

The award will be made annually to a community practitioner who has distinguished himself and the profession by outstanding prorfessional performance. The presentation piece, a mounted bronze medallion, honors the first President of the APhA who was a community pharmacist and President of the Philadelphia College of Pharmacy and Science.

Eugene V. White, is the person most responsible for the innovation of the new "Pharmaceutical Center"—America's pharmacy of the future—which was on display in Cobo Hall during the week long meeting of the nation's prarmacists. White was born in Cape Charles, Virginia, in 1924, and is a graduate of the Medical College of Virginia School of Pharmacy. He practiced his profession in Winchester and Front Royal, Virginia, before opening in 1960, the first office-type private practice of pharmacy of its kind in the country. He has served as president and secretary of the Northern Virginia Pharmaceutical Association and as a member of the executive council of the Virginia Pharmaceutical Association, as well as a member of the American Pharmaceutical Association and the American College of Apothecaries. White has been active in community programs, including service as a member of the Board of Directors of the Clarke County Chapter of the American Cancer Society, the Tuberculosis and Health Association of Northern Virginia, the Berryville - Clarke County Chamber of Commerce and the Front Royal Lions Club.

PHARMACY FOR SALE. Contact Robert V. Mercer, 911 Pine Ave., Frederick, Maryland, or telephone Frederick, MO. 3-3811.

WALKING CANES

Many Pharmacists have found that their customers want walking canes. Canes could be divided into two categories:

1. For Orthopedic use
2. A style item

The best way to get your share of the business is to have an assortment of several styles and a price range from about $2 to $8.

Orthopedic Canes are a basic and integral part of your Convalescent Aid Department. In the past twenty-five years tremendous advances have been scored by cane manufacturers in aiding the halt and blind. Available are Telescopic Canes of Lightweight Aluminaid, equipped with Double Friction Locks, permitting the Cane to be made into any desirable length as the need arises. For those needing extra stability, there are four-legged canes which assist them from their reliance on a crutch to later conversion to a regular functional cane.

The "Blind Man's Cane" is so sensitive, light in weight and properly balanced that the depth of reflective sound of various materials aids materially in the maneuverability of a sightless person.

Canes are no longer confined exclusively to the Orthopedic field. Fashion has revived a great interest in walking sticks for both men and women. Large department stores in New York, Dallas and San Francisco are featuring canes of all varieties to complement the costume for Milady and add zest to the sartorial perfection of the gentleman.

Your customers will once again, as did their fathers, find the pleasure and safety in strolling with a Cane. Whether for need or for pleasure, canes now are functional, beautiful and reliable and will spell profit to your Pharmacy.

—Loewy Drug Digest

WHAT MAKES A SALE?

Members of the National Retail Merchants Association, according to a recent spot survey by their Sales Promotion Division, believe that the following factors go into the making of a sale.

Confidence in store: 20%

Completeness of selections including price lines: 25%

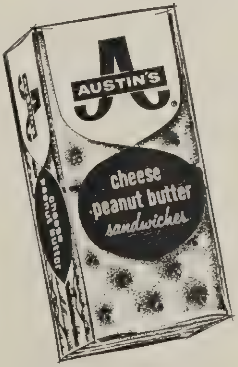
Merchandise presentation and Interior display: 25%

Personal selling: 10%

Advertising: 15%

Window Display: 5%

fast turnover!
fast profit!
serve your customers the best



America's Favorite . . . Baltimore's Own

AUSTIN'S

5c & 10c Cracker, Cookie and Cake
SNACK VARIETIES

Pharmaceutical Marketing Activities Skyrocket in '64

Pharmacists (and wholesalers) hoping restrictions on new drug introductions would relieve their drug information problem are due for a shock, according to *pharm-Index* of Portland, Oregon. Although only 463 new trade-named pharmaceuticals were introduced in 1964, compared with 576 in 1963 and 739 in 1962, the year set a new high in total pharmaceutical marketing activity. New dosage forms and strengths, new formulations, discontinued products and changes in trade names, manufacturers and packages, which have numbered 400 to 500 items since the late '50's, jumped to 32% in 1963 over the previous year and in 1964 skyrocketed to 846 items, up 90% from the 1960-62 average, according to WILLIAM C. FELTER, publisher of pharmIndex pharmaceutical reference.

VACCINE FOUND TO CONTROL VIBRIOSIS IN CATTLE

Veterinarians at the Colorado State University College of Veterinary Medicine have developed the first known vaccine capable of controlling vibriosis, a venereal disease causing infertility and reduction of offspring in cattle.

The study recommends the annual vaccination of cows and heifers against vibriosis until further tests can determine the diration of immunity against the disease after vaccination.

Highway Safety

In 1962 highway deaths topped the 40,000 mark. As 1965 proceeds, the 50,000 mark is not far away. In 1964 America's highways were stained with the blood of 48,000 persons.

Tragedy did not stop with the deaths, but added 3,840,000 persons to the injured list.

Adverse weather was not an important contributing factor. Records show that 90% of the fatal crashes occurred on clear days and on dry roads. The remaining 10% occurred in fog, rain and snowy weather.

Excessive speed continues to hold top spot in the list of accident causes, with driving on the wrong side of the road and reckless driving taking second and third places respectively. Pedestrians were at fault in many of the fatal accidents, with crossing between intersections being the top killer.

Youthful drivers hold the greatest responsibility in the highway death list. They were involved in more than 29% of the fatal accidents while representing about 15% of all licensed drivers in the country. Older drivers, those over 65, were involved in 7.7% of the 1964 fatalities. They represent about 7% of the driving population.

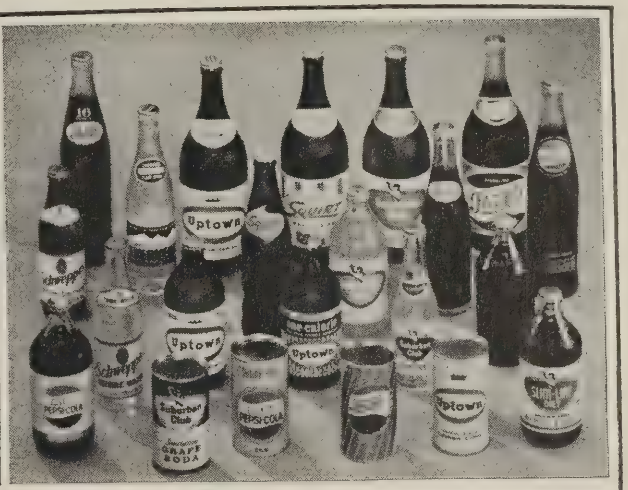
TOOTH STRUCTURE REPORTED STABILIZED BY INCLUSION OF FLUORIDE

A new chemical explanation for the role of fluoride in strengthening teeth and bones may prove helpful in treating various bone diseases, was reported by Dr. Aaron S. Posner and Dr. Edward D. Eanes of the National Institute of Dental Research, Bethesda, Md., to the American Chemical Society.

The research has provided at least a partial explanation for the biological stabilization of teeth by fluoridation of drinking water.

B.M.P.A. REGULAR MEETING
Thursday, September 30, 1965
Kelly Memorial Building
All in Pharmacy are invited
Baltimore Metropolitan
Pharmaceutical Association

How to make cool profits on soft drinks



Stock the hot ones!

Offer your customers everything they could possibly want in soft drinks. Choice of flavors—we've got them for you! Wide selection of packages—offer your customers returnables, no-returns and cans! Low-cal's, too—we've got them in all the best-selling flavors! We offer you an extensive, well-promoted line, that means sure profits for you. Call us now. It's good business . . . for you.

Pepsi-Cola Bottling Co. of Baltimore/LE 9-7171
Suburban Club Carbonated Beverage Co., Inc./OR 5-0100

AQUAPAC selected skins
—only the primes are processed.
Not just wet—but also lubricated and rolled
Lowest cost—greatest percentage of profit
Professionally promoted—presold
Unconditionally Guaranteed!
SELL ON OPEN CALL.
Retail $6.50 dozen—3 for $1.75

American Hygienic Co.
111 S. Paca Street, Baltimore, 1, Maryland
Represented by—IRV. NORWITZ

Metals Give New Drug Potency Against Tumors

A unique antitumor drug, which reacts favorably only in the presence of copper or other metals, has produced promising results against cancer in rats and mice and is being tried on human patients.

The drug causes established tumors in rats and mice to regress and inhibits growth of newly implanted tumors in these species when given at, or soon after, implantation, according to research scientists of The Upjohn Company, producer of the new drug.

The report on the new agent, KTS, was made before the Division of Medicinal Chemistry at a national meeting of the American Chemical Society in Detroit.

Tests on human cancer patients are being carried out at Roswell Park Memorial Institute, Buffalo, N.Y.

By binding, or chelating, copper, the otherwise inactive drug is transformed into a potent antitumor agent, according to Upjohn scientists Garrett J. Van Giessen and Dr. Harold G. Petering.

The drug, known chemically as 2-keto-3-ethoxybutyraldehyde bis thiosemi-carbazone), causes established tumors in rats and mice to regress. It also inhibits the growth of newly implanted tumors when it is given at or soon after the time of implantation. Moreover, it works against spontaneous tumors. Thus its therapeutic action is confirmed in tests with animals.

Attend and Learn

4th Annual—

SIMON SOLOMON

PHARMACY ECONOMICS SEMINAR

Thursday, December 2, 1965

HOLIDAY INN DOWNTOWN

Howard and Lombard Streets, Baltimore

1964 . . . Another Year of Prescription Progress

The preliminary LILLY DIGEST report, based on the operating figures of 1,087 community pharmacies, indicates that 1964 was another year of progress in prescription service. Prescription dollar sales increased 7.7 percent and were the primary contributor to the increase in total sales of $5,566. The prescription department contribution now totals nearly 40 cents of each dollar rung into the cash register. Prescriptions filled totaled 18,706, an increase of 1,386, which when expressed as a percentage of change is 8 percent. The number of refills increased nearly 11 percent and now represents 53.4 percent of the total prescription volume. This is a resumption of the ten-year upward trend, which was temporarily interrupted last year. The average prescription charge dropped a penny from $3.39 to $3.38.

When the individual items of the income and expense statement are expressed as a percentage of total sales:

> Cost of goods sold is up, whereas gross margin, total expenses, and net profit are down.

Total dollar operating expenses increased over last year. However, when expressed as a percentage of total sales, they declined from 31.5 to 31.4 percent. Of these expenses, proprietor's salary and rent remained unchanged, whereas employees' wages inched up from 11.5 to 11.7 percent. Remaining expenses constituted 9 percent of total sales—down from 9.4 percent.

Although the percent of change of total dollar sales was up 3.6 percent, net profit rose only 1.3 percent. When the net profit was expressed as a percent of total sales, there was a decline from 4.9 to 4.8 percent.

Net profit return on each dollar of inventory also declined slightly from $0.280 to $0.279.

The average pharmacy inventory increased approximately $500 and now averages $27,470, or 17.3 percent of total sales. Prescription stocks increased $308, or 3.3 percent, over last year and currently return $6.33 in sales for each dollar of inventory. The total stock turnover rate shows a slight, but positive, rise from 3.6 to 3.7 times.

The complete preliminary LILLY DIGEST report, based on the operations of 1,087 community pharmacies, is summarized on the attached page and is compared with the annual 1963 data from 2,529 reports.

PRELIMINARY LILLY DIGEST - 1964

AVERAGES PER PHARMACY	1964 (1,087 Stores)	1963 (2,529 Stores)	Change and Percent of Change
Sales			
Prescription	$ 63,196— 39.8%	$ 58,688— 38.3%	+ $4,508— 7.7%
Other	95,632— 60.2%	94,574— 61.7%	+ $1,058— 1.1%
Total	$158,828—100.0%	$153,262—100.0%	+ $5,566— 3.6%
Cost of goods sold	101,344— 63.8%	97,415— 63.6%	+ $3,929— 4.0%
Gross Margin	$ 57,484— 36.2%	$ 55,847— 36.4%	+ $1,637— 2.9%
Expenses			
Proprietor's or Manager's salary	$ 13,000— 8.2%	$ 12,610— 8.2%	+ $ 390— 3.1%
Employees' wages	18,527— 11.7%	17,495— 11.4%	+ $1,032— 5.9%
Rent	3,949— 2.5%	3,878— 2.5%	+ $ 71— 1.8%
Miscellaneous operating costs	14,352— 9.0%	14,305— 9.4%	+ $ 47— .3%
Total Expenses	$ 49,828— 31.4%	$ 48,288— 31.5%	+ $1,540— 3.2%
Net profit (before taxes)	$ 7,656— 4.8%	$ 7,559— 4.9%	+ $ 97— 1.3%
Total income (net profit plus proprietor's salary before taxes)	$ 20,656— 13,0%	$ 20,169— 13.1%	+ $ 487— 2.4%
Value of inventory at cost and as a percent of sales			
Prescription	$ 9,578— 15.2%	$ 9,270— 15.8%	+ $ 308— 3.3%
Other	17,892— 18.7%	17,682— 18.7%	+ $ 210— 1.2%
Total	$ 27,470— 17.3%	$ 26,952— 17.6%	+ $ 518— 1.9%
Annual rate of turnover of inventory	3.7 times	3.6 times	+ 0.1— 2.8%
Number of prescriptions dispensed			
New	8,725— 46.6%	8,317— 48.0%	+ 408— 4.9%
Renewed	9,981— 53.4%	9,003— 52.0%	+ 978—10.9%
Total	18,706—100.0%	17,320—100.0%	+ 1,386— 8.0%
Prescription charge	$3.38	$3.39	— $ 0.01— 2.9%

"Baymal" Improves Pharmaceutical Formulations, Says Barr

Improvements in pharmaceutical and cosmetic formulations through incorporation of "Baymal" colloidal alumina were predicted in a report delivered before the Section on Pharmaceutical Technology at the 112th annual meeting of the American Pharmaceutical Association. The speaker was Dr. Martin Barr, dean and professor of pharmacy at the College of Pharmacy, Wayne State University.

"Baymal" is a white powder composed primarily of microcystalline boehmite alumina fibrils, Dr. Barr explained. It disperses readily in water to form cationic, slightly acidic, colloidal solutions or greaseless gels with high adsorptive capacity for oils. It coagulates proteins and forms thin films that adhere tightly to negatively charged surfaces like skin and human hair. Films formed by "Baymal" are non-tacky and permeable to water vapor, but resist washing off once they have dried.

Describing its properties as "most unusual" both in formulating and as an active ingredient, Dr. Barr stressed the ability to prepare foams, sols or gels at acid levels identical to those of normal skin, extremely low sensitivity to skin, astringent properties, and ability to inhibit growth of certain bacteria.

In addition, he pointed out, its ease of dispersibility in water, wide viscosity range, and ability to form thixotropic systems makes it highly effective as a suspending agent for insoluble substances in pharmaceuticals and cosmetics and as a bodying agent in astringent lotions, cleansing and emollient preparations, and suntan and deodorant formulations. The positive charge of sols of "Baymal" colloidal alumina allows incorporation of cationic drugs which are incompatible with many of the common suspending and bodying agents.

Other potential uses of particular interest, according to Dr. Barr, are: acne preparations; liquid rouge and foundation preparations; wavesets, gum-base dressings, and hair straighteners.

"Baymal" is a development product of E. I. du Pont de Nemours and Company, Wilmington, Delaware.

Anti-Epileptic Drug Discussed

Starting with saccharin, normally a sugar substitute, a University of Southern California pharmacy faculty man has developed a new drug which may someday help epileptics.

Dr. Glenn H. Hamor told the 112th annual meeting of the American Pharmaceutical Association about the compound, which so far has been tested only on mice.

When injected into the research animals, the compound prevented convulsions caused by electric shock. Furthermore, there was no "side effect" on the central nervous system. Dr. Hamor changed the molecular structure of a pevious compound to get his new drug by adding an atom of chlorine to slow down decomposition of the drug in the animals.

An anti-convulsant drug would help persons suffering from epilepsy to lead a more normal life, the USC pharmacy research scientist said.

Riker Laboratories in Northridge, California has tested Dr. Hamor's compound, which he says "possesses pronounced anti-convulsant activity."

He has done his research on a $44,000 four-year grant from the U.S. Public Health Service.

Dr. Hamor's study started with a search for a local anesthetic that might be made from a derivative of saccharin By adding chemicals and a form of benzoic acid he produced a compound that relieved muscle spasms in laboratory animals.

Recent studies indicate four million Americans have diabetes, with many unaware of it.

Plants Yield Tumor-Inhibiting Compounds

Cissampareine and podophyllotoxin, both extracted from plants, have been shown to possess tumor-inhibiting activity by a group of researchers at the University of Wisconsin.

Reports on the compounds appeared in the April issue of the American Pharmaceutical Association's Journal of Pharmaceutical Sciences in two articles from the series "Tumor Inhibitors."

The alkaloids were found to have significant and reproducible inhibitory activity indicating that further testing using in vivo tumor systems is warranted.

Podophyllotoxin has been obtained from Juniperus virginiana L. An alcoholic extract of the leaves and twigs of the plant from Maryland was found to have inhibitory activity against Sarcoma 180 in mice and in vitro against human carcinoma of the nasopharynx carried in cell culture. (KB).

Aluminum Prevents Fluoride-Glass Reaction in Solution

Aluminum as a potential stabilizer for sodium fluoride has been investigated by J. R. Mellberg of the Kendall Company. His report, "Stabilization of Fluoride Solutions in Glass Containers by Aluminum," appeared in the April issue of the American Pharmaceutical Association's Journal of Pharmaceutical Sciences.

Sodium flouride, since its recognition as an aid in preventing dental caries, is added to many liquid multiple vitamin preparations, especially those for pediatric use. When the preparation is packaged in glass at the most acceptable pH range (2.5 to 4.5), sodium fluoride reacts with the glass and a precipitate (sodium fluorosilicate) is formed within 24 hours. Therefore, at present these combinations are dispensed in plastic.

Dr. Mellberg points out that since glass containers are superior to plastic in certain respects, such as clarity and lack of oxygen transmission, stabilization of fluoride in glass would be desirable.

Maryland Pharmaceutical Association

FALL REGIONAL MEETING

Thursday, October 28, 1965

Peter Pan Inn

Urbana, Maryland

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Planning and Design

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Experimental Pneumonia Vaccine Described by Pfizer Virologists

An experimental vaccine against primary atypical pneumonia, a serious disease in children as well as young adults in military camps or schools, has shown promise in animal tests.

Drs. L. B. Senterfit and Keith E. Jensen, virologists of Chas. Pfizer & Co., Inc., made their report to the Federation of American Societies for Experimental Biology. The new vaccine, a killed type, has successfully protected laboratory animals against this infection.

Primary atypical pneumonia is caused by a virus-sized organism: Eaton agent or *Mycoplasma pneumoniae,* which is not a virus but a bacterium and classed as a PPLO, or pleuropneumonia-like organism. Some authorities believe that as many as one out of five cases of pneumonia are caused by this organism, which is completely resistant to penicillin, although susceptible to the tetracyclines — broad-spectrum antibiotics. *Mycoplasma pneumoniae* has, until now, resisted attempts to control it by vaccine-induced immunity.

Until a few years ago, the cause of primary atypical pneumonia was unknown, but was thought to be a virus. Eaton agent was identified as a mycoplasma by Dr. Robert E. Chanock and Dr. Leonard Hayflick of NIH and Dr. Michael Barile of the Wistar Institute.

The new vaccine developed by Pfizer scientists has demonstrated results promising enough to sponsor further studies and tests, with eventual human trials projected for the future.

PFIZER WITH BETTER VISION INSTITUTE PUBLISHES NEW, REVISED EDITION OF 'LITTLE SEENG BOOK'

To help promote better eye care, Pfizer Laboratories has published a new, revised editon of "The Little Seeing Book", a colorful, 20-page booklet on eyes and how to care for them.

Designed for all age groups, the booklet was revised with the cooperation of the Better Vision Institute, and contains color blindness testing charts, optical illusions, facts on how animals see, and special tips on eye safety and health hints.

Copies are available for ten cents a copy from Visine Little Seeing Book, P. O. Box 1745, Department DP, Grand Central Station, New York, N.Y. 10017.

Use of psychotropic drugs and early furlough of patients to nursing homes made it possible for the Austin State Hospital (Austin, Texas) with 3,000 beds to admit and discharge 10,989 patients in the year just ended.

TOASTCHEE
LANCE

"HEY JOE!
they cleaned us out again"

That Lance man stops here every week, but no matter how much stock he leaves, it just doesn't seem to be enough. Folks really go for those tasty Lance snacks.

They're advertised

LANCE
CHARLOTTE, N. C.

Absorption: Key To Drug Activity

The modern pharmaceutical scientist has acquired new knowledge and equipment and is using it to deliver new potent drugs to the proper location in the body at the best rate and concentration. Previously he had to content himself largely with getting a palatable, stable product that the patient would take.

As evidence of this trend, pharmaceutical scientists in attendance at the American Pharmaceutical Association's annual meeting devoted a full session to Biopharmaceutics. Recent studies by scientists have shown that products are not equivalent just because they contain the same amount of medication. As a result, a whole new specialty—biopharmaceutics—is developing.

Fallout Shelter Location List

Lists giving the location of completely stocked fallout shelters in the Baltimore area have been distributed to pharmacies by drug wholesalers. Jerome Block, Chairman of the Baltimore Metropolitan Pharmaceutical Association Civil Defense and Disaster Survival Committee, announced the cooperative program arranged by the committee.

Working with Paul E. Tignor, Director of Civil Defense for Baltimore City, publicity through newspaper, TV and radio is directing the public to visit pharmacies and other establishments where these lists are available.

Pharmacists are asked to post these lists in a prominent place so that they and their patrons may become familiar with shelter locations.

Young drivers, those under 25 years of age, continue to have the worst driving record. In 1964 they were involved in 29% of the accidents that resulted in 48,000 traffic deaths while accounting for only 15% of the driving population.

BE READY

Though business, right now, may be just a bit slack,
The days of good business are sure to come back!
But whining and growling at things that are wrong,
And spreading dark rumors, won't help things along.
It's no time for quitters, whose courage is slight,
But action is needed — and fighters who'll fight.
And those who are twiddling their thumbs while they wait
For times to get better — will lose — sure as Fate!

For while they are waiting for bright sunny skies—
The fellow of action runs off with the prize.
So be like the sprinter who's ready to run —
All ready to leap, with the crack of the gun!
Look over your prospects, for ways and for means
To increase your membership — with men, good, serene.
And then when the clouds begin breaking apart,
Be not merely planning — be ready to start!

Have faith in the future — and what YOU can do —
Have faith in your order, and stick to it, too!
Have faith in the country — your country and mine.
In all of her crises, be in the front line!
And, too, as you struggle for glory, or pelf —
Hold tightly, forever, to faith in yourself!
So, face not the future, with worry and dread —
Get busy, get ready — good days are ahead!

—Anonymous

OBITUARIES

LLOYD N. RICHARDSON

Dr. Lloyd N. Richardson, 73, President of the Maryland Pharmaceutical Association 1940-41, died April 9, 1965.

He was born in Bel Air, Maryland, June 12, 1891, the son of John S. and Elizabeth Kortright Richardson. His father had been a prominent pharmacist. He graduated from the University of Maryland School of Pharmacy in 1912.

The Richardson Pharmacy in Bel Air was established by his father in 1894 and was succeeded by a new pharmacy constructed in 1939.

He was appointed to the Maryland Board of pharmacy in 1925, serving as its president several times. He was elected Vice-President of District No. 2, National Association Boards of Pharmacy.

In 1944 Dr. Richardson resigned from the Board of Pharmacy to accept appointment on the Maryland State Board of Health to succeed Dr. E. F. Kelly. He served until 1961.

He was a charter member and past president of the Bel Air Rotary Club.

Surviving are his wife, the former Geneva Dean, and two nephews.

CHARLES W. FOLCKEMMER

Charles W. Folckemmer, 88, retired East Baltimore pharmacist, died April 6, 1965. For 47 years, until his retirement in 1952, he owned a pharmacy at Chester and Preston Sts. He was one of the last surviving graduates of the old Maryland College of Pharmacy, having received his degree in 1898.

He was for many years an active (later associate) member of the Maryland Pharmaceutical Association.

He is survived by two sons, Donald B. and George S. Folckemmer, both of Baltimore, and 2 grandchildren.

DAVID TOURKIN

David Tourkin, 55, pharmacist for Drugs, Inc. of Washington, D.C. died April 7, 1965.

He graduated from Baltimore City College in February 1928 and received his Ph.G. from the University of Maryland in June 1931.

He is survived by his widow, Jeanette, son, Abraham, 2 brothers and 2 sisters, and 2 grandchildren.

ARTHUR W. SHAY

Arthur W. Shay, president of the Travelers Auxiliary of the Maryland Pharmaceutical Association 1953, died April 25, 1965 at the Montebello State Hospital after a long illness.

He was born in Snow Hill September 19, 1900 and entered the employ of Parke, Davis & Co. in Baltimore in 1919. After working in the office and warehouse he became a salesman traveling for the firm in Maryland and Pennsylvania territories.

Mr. Shay was a member of the Wedgewood Club, Landmark Masonic Lodge and Boumi Shrine, serving at one time as Captain of the Arab Patrol.

He is survived by his widow, the former Miss Eunice Klitch, and two sisters.

JOHN J. O'HARA, SR.

John J. O'Hara, Sr., 74, retired Baltimore pharmacist, died April 30, 1965.

He had owned a pharmacy at Fulton and Pennsylvania Avenues for 44 years. A graduate of the University of Maryland School of Pharmacy in 1913, he became associated with the pharmacy and then became a partner of the late Charles P. Sohn in 1920. On Mr. Sohn's death in 1946, his son pharmacist, John J. O'Hara, Jr., joined him.

He was a member of the Maryland and Baltimore Metropolitan Pharmaceutical Associations.

Mr. O'Hara is survived by his widow, Irene, and three sons, John J., Jr., Robert B., and Donald S.

RAYMOND J. YINGLING

Raymond J. Yingling, Noxzema Chemical Company's first hired salesman when it organized in 1917, and its vice president when he retired 48 years later, died April 16 at the Long Green Nursing Home here. He was 75.

A Baltimore native, Mr. Yingling entered the drug field as a young man after attending local public schools. It was through this interest that he met Dr. George A. Bunting, inventor of the world popular Noxzema products, and hearing that a company would be formed by Dr. Bunting, he began as its first salesman.

Mr. Yingling was hired on a full time basis four years afterward and he rose steadily to the successive ranks of director on the board, sales manager, and in the early 1950's, vice president.

Retiring in 1956, he remained active for a long period in many professional and social organizations of the city. Mr. Yingling was a member and honorary president of the Travelers Auxiliary of the Maryland Pharmaceutical Association and a president of the Travelers Auxiliary of the Delaware Pharmaceutical Association. He was currently serving as the president of the Baltimore Veterans Druggists Association.

He was a member of the sales executive-council of the Baltimore Association of Commerce, the Boumi Temple and the Welcome Chapter No. 98 Order of the Eastern Star.

Surviving are his wife, the former Emma M. Yahn, to whom he had been married 55 years; a daughter, Mrs. Ruth E. Jones, of Salisbury, Md.; and one granddaughter.

A study shows that excessive speed continues to be the Number One killer on American highways. Speed was involved in about 35% of the accidents which killed 48,000 persons in 1964.

* * * *

THE ARTIST " . . . speaks to our capacity for delight and wonder, to the sense of mystery surrounding our lives: to our sense of pity, and beauty, and pain."—Joseph Conrad

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CHANGE OF ADDRESS

When you move—

Please inform this office four weeks in advance to avoid undelivered issues.

"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of The Maryland Pharmacist and all mail, kindly notify the office when you plan to move and state the effective date.

Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
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Baltimore 1, Maryland

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We'd like to tell you about this interesting and profitable subject.

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and stabilize the
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for fever blisters
and canker sores
of herpetic origin

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LACTINEX—a viable culture containing both *Lactobacillus acidophilus* and *L. bulgaricus*—was first introduced to help restore the flora of the intestinal tract in infants and adults.[1, 2, 3, 4]

Further clinical work showed LACTINEX to be successful in the treatment of fever blisters and canker sores of herpetic origin.[4, 5, 6, 7]

No untoward side effects have been reported in 12 years of clinical use.

Literature on indications and dosage available on request.

(1) Frykman, H.M.: Minn. Med., Vol. 38, Jan. 1955. (2) Poth, E.J.: The J.A.M.A., Vol. 163, No. 15, April 13, 1957. (3) McGivney, J.: Texas State Jour. of Med., Vol. 51, No. 1, Jan. 1955. (4) Stern, F. H.: Jour. of The Amer. Ger. Soc., Vol. 11, No. 3, Mar. 1963. (5) Weekes, D. J.: N.Y. State Jour. of Med., Vol. 58, No. 16, Aug. 1958. (6) Abbott, P.L.: Jour. of Oral Surg., Anes. & Hosp. Dental Serv., Vol. 19, July 1961. (7) Weekes, D. J.: E.E.N.T. Digest, Vol. 25, No. 12, Dec. 1963.

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ICE CREAM

First name in ice cream
for over a half-century

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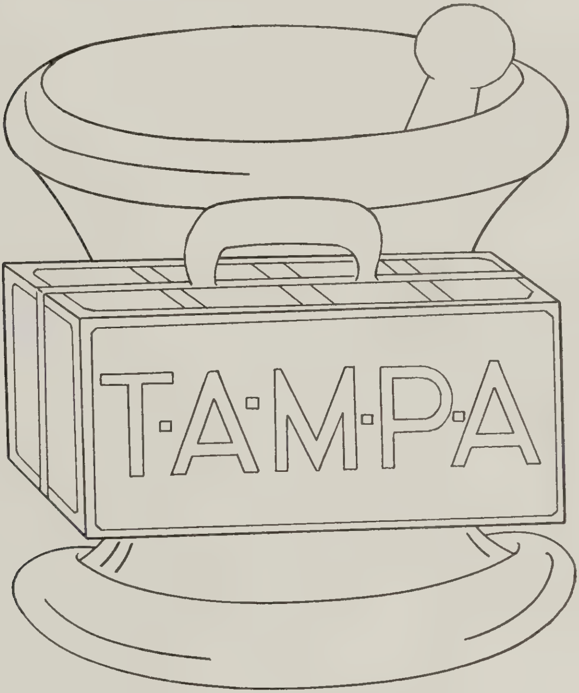

83rd ANNUAL CONVENTION

MARYLAND PHARMACEUTICAL ASSOCIATION
in conjunction with the
TRAVELERS AND LADIES AUXILIARIES
June 28, 29, 30, July 1, 1965
HOTEL DENNIS, ATLANTIC CITY, N. J.

VOLUME XL - NO. 8

MAY 1965

NEW

Cover Girl

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when summer fun exposes them to sun, recommend Lotion Surfadil to your customers

EFFECTIVE relief of minor pain and itching of sunburn, nonpoisonous insect bites, poison ivy, poison oak, and minor skin irritations.

CONVENIENT flesh-colored, nonstaining lotion spreads easily and will not rub off on clothing when dry.

ATTRACTIVE consumer-tested package creates impulse sales for you.

The *titanium dioxide* in Surfadil acts as a translucent shield that screens out the sun's burning rays to help prevent further sunburn; *cyclomethycaine* stops minor pain and itching almost instantly; and *methapyrilene* provides the benefit of antihistaminic action.

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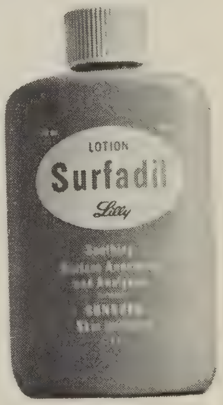

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL MAY 1965 No. 8

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HIGHLIGHTS IN THIS ISSUE

Page

Editorial—Why A Convention 548
President's Message 550
Secretary's Script 552
Message from General Chairman 554
L.A.M.P.A. President's Message 556
Convention Speakers 558
Program 83rd Annual Convention M.P.A. 564
T.A.M.P.A. President's Message 566
School of Pharmacy, U. of M., News 568
Contributions:
  Squalene In Topical Preparations—B. F. Allen 572
B.M.P.A. President's Message 576
News Items:
  Progress for Pharmacy Through the M.P.A. 578
  L.A.M.P.A. Meeting 580
  Prince Georges - Montgomery County Pharmaceutical Association 580
  Dermatological Efficacy of Topical Corticosteroids Compared 582
  Prevention of Infections Major Concern In Diabetes 584
  A.Ph.A. Tells Congress Why Profession Opposes Physician Ownership 586
  Aging Disease of the Eye Checked by Vascular Drugs 590
Obituaries 594

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Editorial . . . . . .

Why A Convention?

An organization's Annual Meeting or Convention is a time to summarize the past year's work, to evaluate the current status, to assess both strong and weak points, to focus on the truly important and critical issues, to project future plans, to recognize those who have made outstanding contributions to progress.

In addition, a convention is an opportunity to exchange views with those with whom you agree and disagree, to meet or get to know many colleagues better, to receive the stimulation of the thinking of leaders and spokesmen from other areas and from other facets of pharmacy, to learn and to grow professionally.

Those who have been attending the Convention of the Maryland Pharmaceutical Association regularly have proved to be the most knowledgeable about what is going on in their profession, both professionally and economically.

Important, too, is the friendship and comraderie that develops between the members of the M.P.A. and T.A.M.P.A. Through L.A.M.P.A., the Ladies Auxiliary, the women are provided most enjoyable entertainment features.

An M.P.A. Convention is a blend of programs devoted to professional and economic problems. On top is a generous dash of entertainment, recreation and fun.

Most important, however, is the satisfaction to be gained from being an active part of your profession. The Convention is the occasion to participate in the affairs of one's vocation, especially in the policy-making and decision making processes.

Here is the chance for constructive criticism, electing your leaders and acting upon policy resolutions. All these activities together will influence the course of your profession and, therefore, of your lives and livilihood, in the days and years to come.

Remaining on the sidelines is negative, a drag on your profession and on you. Joining your colleagues to advance your profession through your state professional society in convention assembled is the American and democratic way of life.

During one month alone, the Maryland Blue Cross Plan covered bills exceeding $1,000 for more than 500 subscribers.

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President's Message . . . . . .

Dear Fellow Members:

The high point of the Association year—the Annual Convention—is upon us again. It is gratifying to note that Convention Chairman Ogrinz and his committee have arranged a most worthwhile business and entertainment program.

A very important matter the M.P.A. is continuing to give great attention to is the matter of medical care prescriptions. As you know, the Association succeeded in getting an increase for pharmacy services for the 1965-66 year, beginning July 1. We are already at work for the 1966-67 year.

The Executive Committee has directed that all necessary information be obtained to back up our campaign for more equitable fees under medical care. If any members are called upon for information or assistance in any survey, I hope they will cooperate.

We have also endorsed the Professional Credit Protective Bureau as a service to M.P.A. members who have hard to collect accounts. When the representative calls on you, please grant him a few minutes to explain the benefits to those who have any "uncollectable" accounts, no matter how old. You will be surprised at the excellent results of this unique, guaranteed system.

Again, speaking of our Convention, I wish to emphasize the program of importance to all on prescription prepayment plans. Mr. Benjamin Kingwell is being brought from California by the M.P.A. to present the facts first hand. Here is your chance to ask questions about a topic which may dominate pharmacy in the near future.

The panel on the promotion of prescription department from the viewpoint of varying types of pharmacies is of practical, immediate benefit to all.

Excellent entertainment features have again been arranged for everyone's enjoyment.

I look forward with great pleasure to greeting all of you at the M.P.A. 83rd Annual Convention, Hotel Dennis, Atlantic, City New Jersey.

Sincerely,

SOLOMON WEINER
President

---

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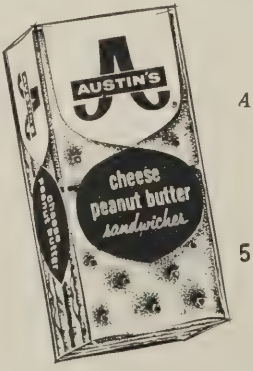
fast profit!
serve your customers the best



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Secretary's Script . . .

A Message from the Executive Secretary

T.A.M.P.A. and Pharmacy

On the cover of this issue of *The Maryland Pharmacist* is a reproduction of an insignia that should be recognized by all in world of Maryland pharmacy. It is the emblem appearing on the lapel pin of T.A.M.P.A.—the Travelers Auxiliary of the Maryland Pharmaceutical Association.

T.A.M.P.A. was organized by the M.P.A. 49 years ago to bring together the men associated with firms who call upon pharmacists. The group was charged with many of the responsibilities of the entertainment feature of M.P.A. meetings and the Convention.

Through the years T.A.M.P.A. men have never failed to discharge their responsibilities. They have provided memorable evenings of entertainment at our Conventions. They man the registration tables and assist with the prizes and every facet of a smoothly running Convention.

It is gratifying to have associated with us a group of men who throughout the year prove their sincere devotion to the welfare of the pharmacists of Maryland. They give uncounted hours of their time to help assure the success of M.P.A. affairs, particularly the Convention.

T.A.M.P.A. deserves full recognition and the individual members merit courteous consideration when they call upon pharmacists in their pharmacies. Many successful pharmacists owe much to the assistance, counsel and guidance of a Traveler.

When you see the T.A.M.P.A. pin proudly worn by a sales representative calling upon you, remember the man behind the emblem is part of your organization. He is a member of a vital Auxiliary to your own professional society.

T.A.M.P.A. men are pledged to help pharmacists. In calling upon you, they only expect a respectful hearing.

All of us in pharmacy should join in recognizing the essential role that T.A.M.P.A. performs in behalf of pharmacy in Maryland.

Nathan I Gruz

Executive Secretary

CHANGE OF ADDRESS

When you move—

Please inform this office four weeks in advance to avoid undelivered issues.

"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of The Maryland Pharmacist and all mail, kindly notify the office when you plan to move and state the effective date.

Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

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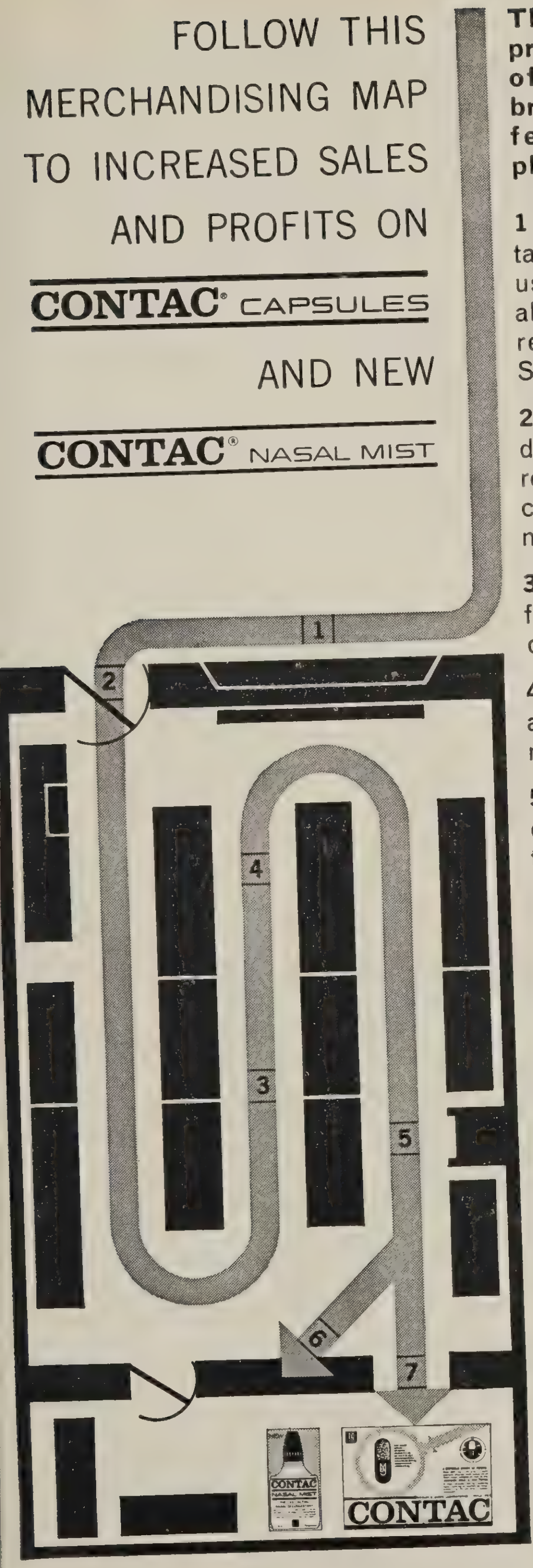

These 7 merchandising hints—proved successful in thousands of pharmacies—can help you bring even more cold and hay fever profits back to your pharmacy.

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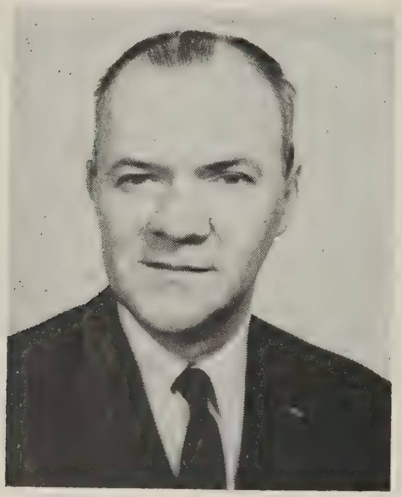
A Message From The General Chairman Of The Convention



ALEXANDRIA J. OGRINZ, JR.

The elegant Hotel Dennis and connecting Motel Dennis is the site of the 83rd Annual Convention of the Maryland Pharmaceutical Association in Atlantic City, New Jersey, on June 28, 29, 30 and July 1, 1965.

The choice rooms of the Hotel Dennis have been reserved for us. There are three swimming pools, 18 hole putting green, and beautiful dining and meeting rooms.

Separate special facilities for children and teenagers are available as well as trained counselors.

This year's program contains a number of "firsts". A joint session with the New Jersey Pharmaceutical Association is scheduled at 12:00 A.M. Monday, June 28, with Grover C. Bowles, President of the American Pharmaceutical Association, and Leonard J. Dueker, President of the National Association of Retail Druggists. This will be at the Hotel Deauville.

On Tuesday, June 29, we have invited Benjamin F. Kingwell of California to present facts and figures on "Prescription Prepayment Plans". This is a rare opportunity for Maryland pharmacists to get information about the nation's first large scale prescription prepayment plan from one of its founders.

On Wednesday there are two informative features, one on counterfeit drugs and the other on promotion of the prescription department from the viewpoints of community, chain and apothecary operations.

Our entertainment and recreational programs are unexcelled, beginning Sunday evening for early arrivals. We will again go outside the hotel on Monday evening, this time to the 500 Club for a wonderful floor show and entertainment.

Tuesday evening the T.A.M.P.A. Palace will be featured. T.A.M.P.A. has spared no effort to obtain the participation of many talented people, some from outside of the organization. They have been rehearsing for many weeks and have a wonderful show in store for all.

A professional show is scheduled for Wednesday night, followed by a cocktail party by Youngs Drug Products.

The Banquet Thursday evening will be preceded by the traditional cocktail party sponsored by our drug wholesalers—Calvert, Gilpin, Loewy and Muth.

I wish to commend T.A.M.P.A. for its part in making the Convention a success, not only as to entertainment, but also at the registration desk, with prizes and with hospitality. I extend my thanks to President Al Callahan, Entertainment Chairman Herman Bloom and Secretary John Crozier for their dedicated efforts.

My thanks also to L.A.M.P.A. for its work in arranging a fine program for the ladies. President Ruth Levin and her Vice President Sadye Friedman, Lillian Slama and Edna Yaffe are to be congratulated.

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I appreciated the work and cooperation of the many other people whose efforts have resulted in an outstanding convention program, particularly President Weiner and Secretary Gruz.

I look forward to seeing all of you at this Convention.

Sincerely,

ALEXANDER J. OGRINZ, JR.
General Chairman

L.A.M.P.A. President's Message

MRS. NORMAN J. LEVIN

It is a great honor to again bring you a message as president of the Ladies Auxiliary of the M.P.A. Circumstances have given me this privilege for the third time.

During the past year we have had most enjoyable programs and at the Convention this year we will have an outstanding personality. Miss Virginia Graham "goodwill ambassador" for Clairol will be the featured speaker on Tuesday, June 29. She is well known for her television program, "Girl Talk".

The Annual L.A.M.P.A. meeting will be held preceding Miss Graham's talk. This will be the annual "brunch" meeting with a most unusual menu planned.

Wednesday afternoon a fashion show and picnic will be held on the Terrace at the Hotel Dennis. The program will be broadcast live over CBS.

The Hotel Dennis provides unparalleled facilities for every age group with counselors in attendance. I am convinced that all of you will be delighted with the many features for your entertainment.

My thanks are extended to the officers and members of the M.P.A. for their cooperation during my time in office.

I hope to see all the T.A.M.P.A. ladies at this wonderful convention.

MRS. NORMAN J. LEVIN

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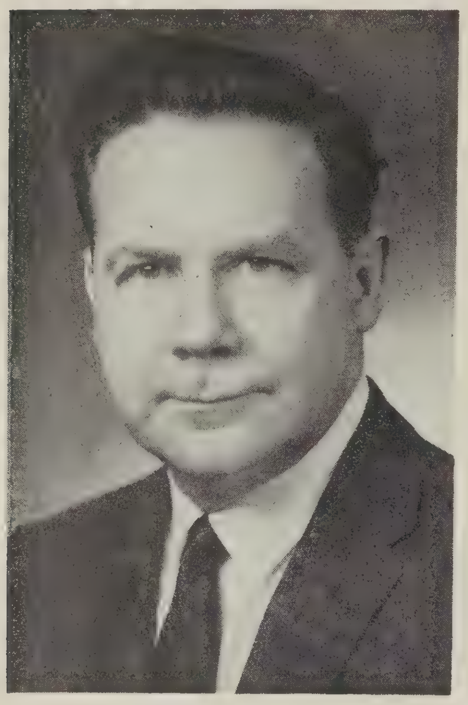
Convention Speakers

A.PH.A. and N.A.R.D. Presidents Address Joint Session Maryland and New Jersey Associations, Monday, June 28, 12:00, Deaville Hotel



GROVER C. BOWLES
President, American Pharmaceutical Association

Grover C. Bowles, practicing pharmacist of Memphis, Tennessee, was born in Piedmont, Missouri, on February 15, 1920. He presently serves as Director, Department of Pharmacy, Baptist Memorial Hospital, Memphis.

He received his Bachelor of Science degree in Pharmacy from the University of Tennessee in 1942 and became licensed to practice in Tennessee and New York. He joined A.Ph.A. in 1944, and served two terms on the A.Ph.A. Council, the first term from 1958 through 1960, and the second term ending in April 1965. He served as Chairman of the Council in 1963-64, and was re-elected to a second term for 1964-65. He was Chairman of the A.Ph.A. House of Delegates in 1961 and 1962.

He has served as President of the American Society of Hospital Pharmacists, the Tennessee Society of Hospital Pharmacists and the Memphis Retail Drug Association. He is an adjunct member of the faculty of the University of Tennessee College of Pharmacy and a member (1960-70) of the U.S.P. Revision Committee. He serves as a Director of the Memphis Chapter of the American Cancer Society, a member of the Tennessee Hospital Licensing Board and as Consultant to the U. S. Public Health Service on the Construction of Schools of Pharmacy. He was 1962 recipient of the Harvey A. K. Whitney Lecture Award and was elected Man of the Year in Tennessee Pharmacy in 1961.

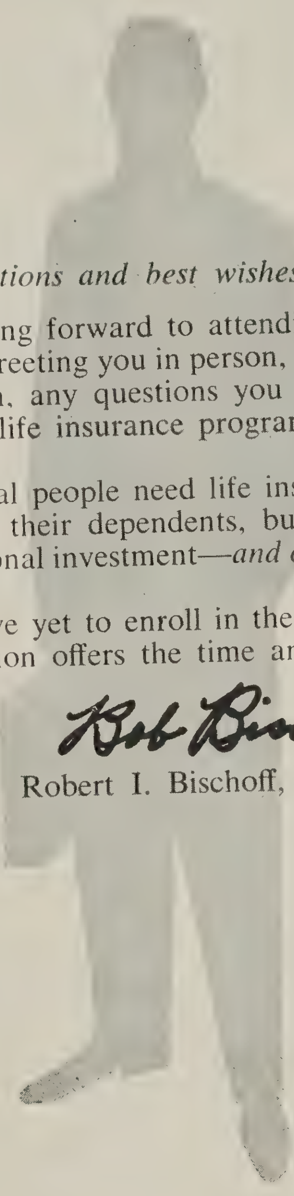
He is married to the former Mary Lois VanInwagen of Richmond, Michigan, who is also a pharmacist. Mr. and Mrs. Bowles have two daughters.

During World War II, Mr. Bowles served in the U. S. Navy Hospital Corps, and now holds a reserve commission in the U. S. Public Health Service.

LEONARD J. DUEKER
President, National Association of Retail Druggists

Leonard J. Dueker, the 1964-65 president of the National Association of Retail Druggists, has been operating the Dueker Pharmacy in St. Louis, Missouri since 1940.

Mr. Dueker served two terms as president of both the St. Louis Pharmacists Association and the Missouri Pharmaceutical Association. He is chairman of the Midwest Conference of Pharma-



Congratulations and best wishes—

I am looking forward to attending your Annual Meeting, to greeting you in person, and to answering as best I can, any questions you may have about your official life insurance program.

Professional people need life insurance, not only to safeguard their dependents, but also to protect their educational investment—*and over 90% have it.*

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Bob Bischoff

Robert I. Bischoff, *Administrator*

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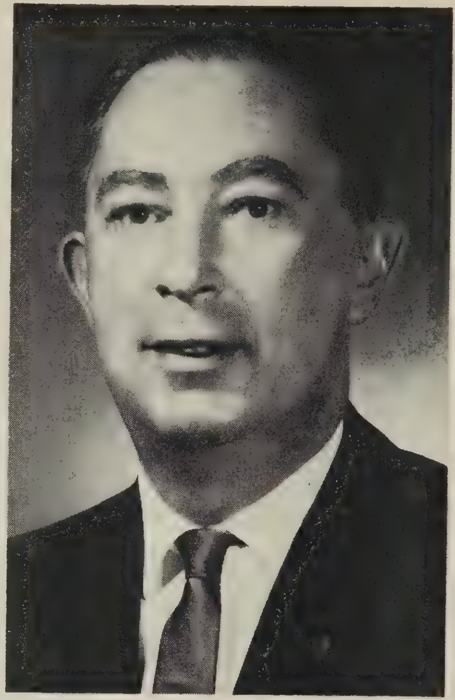
LEONARD J. DUEKER



BENJAMIN J. KINGWELL

ceutical Associations and was president of the Cinchona Club.

He is a member of the Board of Trustees of the St. Louis College of Pharmacy, which awarded him the "Pharmacist of the Year" award in 1958.

In 1956 Mr. Dueker was the recipient of the "Man of the Year" award from the Kansas City College of Pharmacy. The Missouri Pharmaceutical Travelers Association honored him with the "King of Courtesy" award.

Prior to his elevation as President of the N.A.R.D., Mr. Dueker was elected Vice-President, Treasurer and Chairman of the Executive Committee of this national organization of the proprietors of pharmacies.

Frequent use of sprays, oils and antiseptics in the nose may injure the mucuous membrane and bring on sinus trouble.

Benjamin J. Kingwell, practicing pharmacist of Arcadia, California, will speak on "Prescription Prepayment Programs." He was active in the formation of California Pharmaceutical Services, Inc. (PAID Prescriptions), the first plan to be granted clearance by the Justice Department's Anti Trust Division.

He received his B.S. degree in pharmacy from the University of California in 1938 and went on to earn his M.S. in 1939 from the Philadelphia College of Pharmacy and Science. Licensed to practice in California and Pennsylvania, he maintains a community practice in Arcadia.

He joined the American Pharmaceutical Association in 1946, and has served on its Social and Economic Relations, Public Relations and Resolutions Committee.

Mr. Kingwell retired as president of the California Pharmaceutical Association in May 1965. He has been an as-

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sistant regional director of the American College of Apothecaries. He served as president of The Pharmaceutical Institute, Southern California Pharmaceutical Association, Greater Los Angeles American Pharmaceutical Association Chapter, and San Gabriel Valley Pharmaceutical Association.

Active in civic and community health affairs, Mr. Kingwell is a member of the Masonic Lodge and the Chamber of Commerce.

GEORGE W. THOMSON, JR.

George W. Thomson, Jr., Consumer Protection Unit Head in the Distribution Protection Section of Smith Kline & French Laboratories, will present a program on "The Facts About Counterfeit Drugs."

He is responsible for all activities relating to anti-counterfeiting, anti-substitution, and fair trade programs of the Philadelphia pharmaceutical firm.

Before joining SK&F in 1951, he was a territorial manager for General Motors Acceptance Corporation and a sales supervisor for Campbell Soup Company, both in the Philadelphia area. He is a retired Lieutenant Colonel in the U. S. Army. He spent five years in the Adjutant General's Corps and was stationed in Panama for three years during World War II.

Born in Delaware County, Mr. Thomson received his Bachelor of Science degree in 1937 from Pennsylvania Military College.

JAMES E. DELAHANTY

James E. Delahanty, a native of Trenton, New Jersey, will present the viewpoint of a pharmacist operating an "apothecary" type of pharmacy.

Mr. Delahanty graduated from the Philadelphia College of Pharmacy and Science in 1926. From 1924 to 1937 he was employed at Long's Drug Store in Trenton, and then purchased the pharmacy. Except for service in the Navy during World War II, he has conducted the pharmacy as Delahanty's Pharmacy continuously since then.

He was elected on the Board of Trustees of the New Jersey Pharmaceutical Association for three years until his appointment to the Board of Pharmacy. Previously he served as Chairman of the Health and Welfare Committee of the state society.

He is a member of the A.Ph.A., N.A.R.D., the American College of Apothecaries and the American Institute of the History of Pharmacy. He has been active on committees of all these groups.

Mr. Delahanty was elected three times as president of the Mercer County Society of Pharmacists. He is on the Board of Directors of the Mercer County Tuberculosis and Health League. He was chairman of the Delaware Valley United Fund for the pharmacists division and is active in other community groups.

Me. Delahanty is married and has two children.

MORTON J. SCHNAPER

The approach of a community pharmacist to the convention panel discussion on "How to Successfully Emphasize Your Prescription Practice" will be presented by Morton J. Schnaper, proprietor of Bradley Drugs, Bethesda, Maryland.

Morton J. Schnaper, a native of Baltimore, attended Baltimore City College and graduated from the University of Maryland School of Pharmacy in 1933. His mentors included Milton E. Zentz in Baltimore and Samuel F. Higger in Washington. He was employed at Higger's for 18 years, from 1935 to 1953.

Mr. Schnaper opened his own pharmacy in Bethesda in 1953. His patrons include many members of Congress and the upper echelons of government.

He is currently serving on the Executive Committee of the Maryland Pharmaceutical Association. His memberships include the A.Ph.A., N.A.R.D., American Society of Hospital Pharmacists, Prince Georges-Montgomery Pharmaceutical Association, and he is an affiliate member of the American Medical Association.

In the area of community activity, Mr. Schnaper served for several years on the Board of Directors of the Bethesda-Chevy Chase Chamber of Commerce. He holds memberships in the Lions, Elks, Masons and other organizations.

Mr. Schnaper is married and has three daughters.

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Program 83rd Annual Convention

MARYLAND PHARMACEUTICAL ASSOCIATION

in conjunction with the Ladies and Travelers Auxiliaries

HOTEL DENNIS, ATLANTIC CITY, N.J., June 28, 29, 30—July 1, 1965

Registration in the Lobby beginning 9 A.M. Monday, June 28th

All events at Hotel Dennis unless otherwise noted.

SUNDAY, JUNE 27—For early arrivals!

CARD ROOM—Tournament of Card Games
DEAUVILLE HOTEL—Concert—Temple College of Pharmacy Chorus

MONDAY, JUNE 28—

12:00— Joint Session with New Jersey Pharmaceutical Assn. - Deauville Hotel
Addresses: Grover C. Bowles, President, A.Ph.A
Leonard J. Dueker, President, N.A.R.D.

2:00 P.M. FIRST SESSION—GARDEN LOUNGE

2:00 P.M. Convention Call to Order—President Solomon Weiner
Opening Remarks—President Weiner
Communications
Committee Reports
Report of the School of Pharmacy, University of Maryland, Dr. Noel E. Foss, Dean
Report of the Board of Pharmacy—Francis S. Balassone, Secretary, Maryland Board of Pharmacy
Announcements
Attendance Prizes
Adjournment

ENTERTAINMENT FEATURES:
10:00 P.M. An exciting show at the fabulous "500 Club"

TUESDAY, JUNE 29—SECOND SESSION

8:00 A.M. Breakfast Meeting - All officers and executive committeemen - M.P.A. and local associations.

10:00 A.M. GARDEN LOUNGE—Call to Order—President Solomon Weiner
Early Bird Attendance Prize
Invocation
Address of President Solomon Weiner
Report of Executive Secretary
Treasurer's Report
Prize Drawings
SPECIAL PROGRAM: "PRESCRIPTION PREPAYMENT PROGRAM — CALIFORNIA PHARMACEUTICAL SERVICES". Presentation by Benjamin F. Kingwell of California.
Moderator: 1st Vice President Alexander J. Ogrinz, Jr.
Announcements
Prize Drawings
Adjournment

11:00 A.M. L.A.M.P.A. Annual Meeting. OZONE ROOM—Brunch - prizes - gifts. Special Program Feature: Virginia Graham, TV personality of "Girl Talk".

ENTERTAINMENT FEATURES:
9:00 P.M. TAMPA PALACE—Entertainment - Dancing - Prizes

WEDNESDAY, JUNE 30—THIRD SESSION

10:00 A.M.—GARDEN LOUNGE—Call to Order—President Solomon Weiner
Presiding—First Vice President Alexander J. Ogrinz, Jr.
Early Bird Attendance Prize
SPECIAL REPORT: "THE FACTS ABOUT COUNTERFEIT DRUGS" —
George W. Thomson, Jr., Smith, Kline & French Laboratories.
PANEL PRESENTATION: "HOW TO SUCCESSFULLY EMPHASIZE YOUR PRESCRIPTION PRACTICE"—Three Viewpoints:
"The Apothecary"—James E. Delahanty, Pharmacist, Trenton, N. J.
"The Chain Drug Store"—David Q. Mahler, Editor, Chain Store Age.
"The Community Pharmacy" — Morton J. Schnaper, Pharmacist, Bethesda, Maryland
Moderator: 2nd Vice President Morris R. Yaffe
Prize Drawings
Discussion Period on Panel Presentation
Announcements
Prize Drawings
Adjournment

ENTERTAINMENT FEATURES:

9:00 P.M. Professional Variety Show. Entertainment - Dancing - Prizes
11:00 P.M. Presidential Cocktail Party—Courtesy Youngs Drug Products Corp.

THURSDAY, JULY 1—FOURTH SESSION—GARDEN LOUNGE

10:00 A.M. Call to Order—President Solomon Weiner
Early Bird Attendance Prize
Communications
Memorial Services
Report of Nominating Committee
Election of Officers and Members of Executive Committee
Election of Nominees for the State Board of Pharmacy
Prize Drawings
Adjournment of the Convention

11:00 A.M. T.A.M.P.A. Annual Meeting—OAK ROOM

2:00 P.M. Meeting M.P.A. Officers and Executive Committee—OAK ROOM

ENTERTAINMENT FEATURES:

6:00 to 7:00 P.M.—Cocktail Party—Courtesy Calvert Drug Company, Henry B. Gilpin Company, Loewy Drug Company, Muth Brothers and Company

7:00 P.M. Annual Banquet
Presentation to John C. MacFarlane
Pharmacy Week Awards
Installation of Officers

PLEASE NOTE: Badges Must Be Worn At All Times.
Banquet Tickets Available For Those Not Registered at the Dennis at $15.00 per person. The Banquet is considered as Part of the Hotel Convention Rate.
Breakfast will be served from 8:00 to 11:00 A.M.
Dinner will be served from 5:30 to 9:00 P.M. except for Banquet.
Donors of gifts, prizes and favors shall be announced throughout the events of the Convention.

• T.A.M.P.A. TATTLER •

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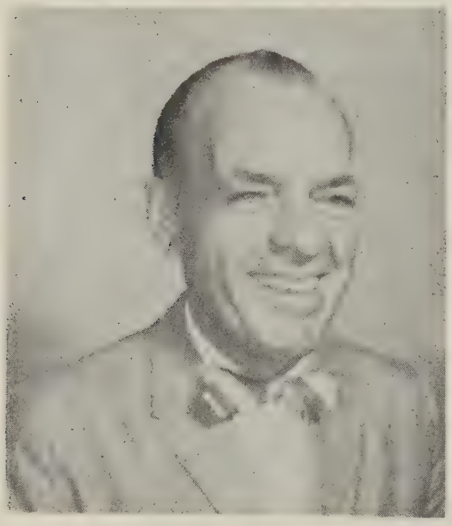
Volume 23 MAY 1965 No. 7

T.A.M.P.A. President's Message



As president of Travelers Auxiliary, I welcome all of you to another wonderful Convention of the M.P.A., L.A.M.P.A. and T.A.M.P.A.

T.A.M.P.A. has gone all out in its usual way to see that a good time will be had by all.

On Tuesday evening, the T.A.M.P.A. "Palace" will again be open. A most entertaining show has been arranged under Chairman Herman Bloom and his hard working committee.

There are many other enjoyable features planned for all at the elegant Hotel Dennis.

On Thursday morning at 11:00 A.M., T.A.M.P.A. will hold its 49th Annual Meeting and election of officers. I hope that T.A.M.P.A. members will be present in full force.

It is a great honor to serve as president of T.A.M.P.A. I believe it has been a privilege in addition to a great pleasure to work with the officers and members of the Maryland Pharmaceutical Association.

I appreciate the assistance and cooperation of my fellow officers and members of T.A.M.P.A. To our Secretary-Treasurer, John Crozier, many thanks for assuring the success of our endeavors.

And now I look forward to joining with you in a spirit of good fellowship in Atlantic City.

Sincerely,

ALFRED E. CALLAHAN

President

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School of Pharmacy, U. of M., News ......

Sublingual Nitroglycerin Tablets Prepared By Direct Compression

Glyceryl trinitrate (nitroglycerin) sublingual tablets have been prepared by direct compression using microcrystalline cellulose as the matrix, report three researchers at the University of Maryland School of Pharmacy.

Writing in the March issue of the APhA *Journal of Pharmaceutical Sciences,* M. David Richman, C. David Fox, and R. F. Shangraw pointed out that these tablets possess distinct advantages over the currently used hypodermic tablets. Hypodermic tablets are used because of their rapid dissolution rate when administered sublingually. They are not intended for parenteral preparations.

Nitroglycerin is used to treat acute attacks of angina pectoris. Therefore, it must be administered in a dosage form which is readily available, easily taken, stable, and allows no chance for error. Hypodermic tablets are friable, difficult to handle, and lose potency. In their report entitled "Preparation and Stability of Glyceryl Trinitrate Sublingual Tablets Prepared by Direct Compression," the authors propose a formulation which would overcome these disadvantages.

Microcrystalline cellulose was chosen as the matrix because it is capable of direct compression without addition of binders, it promotes rapid tablet disintegration, and the finished tablet exhibits low friability and high stability. The tablets, each containing 0.5 mg. glyceryl trinitrate and microcrystalline cellulose, were compressed directly on a rotary press and no additives were needed. The authors conducted stability, friability, and *in vivo* absorption tests on the finished product.

Stability tests showed slight loss of glyceryl trinitrate at 50° C. as compared to the commercial hypodermic tablets which showed losses up to 95%. Volatility of glyceryl trinitrate is not a factor in the stability of hypodermic tablets at room temperature; the loss is considered to be due to erosion of the tablets, according to the authors. Therefore, the low friability of the compressed tablets is an important factor in maintaining potency.

The *in vivo* absorption of glyceryl trinitrate from the compressed tablet was shown by the rapid lowering of systolic pressure. This compares favorably with the effect of the hypodermic tablets.

The possibility of increased production by the direct compression method is also pointed out by the authors. Comparing the standard hypodermic tablet mold to a tablet press, they predict an increase in production which might be as high as 100-fold.

To minimize the burning sensation produced by glyceryl trinitrate when applied to mucous membrane and the "flourlike" mouth feel of the microcrystalline cellulose, the authors modified the tablet formulation by adding small amounts of flavor, sodium cyclamate, and mannitol. It is noted that if the active ingredient does not account for more than 5% of the total tablet weight, this formulation may be utilized for the direct compression of most drugs for sublingual administration.

Report Reference: Richman, Fox, and Shangraw, J. Pharm. Sci., Vol. 54, No. 3, p. 447 (1965).

Teen-age acne, a common skin disorder affecting more than 75 per cent of American youth, can contribute to truancy and other antisocial behavior, a Cincinnati pediatrician reported.

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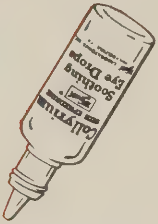

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RCE IN SERVING THE PRACTICE OF PHARMACY

Contributions . . . . . .

Squalene In Topical Preparations

By B. F. Allen, Ph.D.

The fatty material (skin oil) secreted by the sebaceous glands of the skin is a natural skin conditioner. It acts as a lubricant for the skin promoting flexibility of the surface layer. This oil also plays a role in retarding the loss of moisture from the skin under atmospheric conditions.

Squalene is an interesting component of skin oil and probably the principal hydrocarbon. The presence of a large amount of this substance is a characteristic feature of human skin surface oil, the concentration is low in children (about 1 per cent) and much higher in adults (10 per cent or more).

Squalene is a normal component of human skin oil and studies indicate the main site of its formation is the sebaceous gland. It is found in large quantities in the livers of sharks, occurs in plants, and also found to a small extent in fresh olive oil and yeast.

It is only recently that the potential usefulness of this type of compound in formulations became manifest, however, the structure and synthesis of squalene was investigated as early as 1930.

Squalene (spinacene, $C_{30}H_{50}$) is a complex unsaturated compound, an open-chain, triterpene having six double bonds in the molecule. It is a light straw colored characteristic odored, transparent, homogeneous liquid oil, miscible with vegetable and mineral oils, organic solvents, lipophilic substances and human sebum, and slightly soluble in alcohol and glacial acetic acid. The freezing point of this substance is approximately—75°C.

Although squalene is generally stated to be of animal derivation the following also contain this substance (numbers in parenthesis represent milligrams of squalene per 100 grams of sample): olive oil (150-726), refined rice oil (366), patawa oil (163), tall oil (96), castor oil (38), palm kernel (37), corn oil (28), peanut oil (28), rapeseed oil (28), grapeseed oil (21), butter (17), palm oil (15), cocoanut oil (13), sunflowered oil (13), poppyseed oil (13), mustardseed oil (13), oleo-margarine (11), linseed oil (10), and cottonseed (8).

The vehicle of a topical preparation may be viewed as the main group of components which carries the active ingredients not only to the surface of the body, but which also may assist in their beneficial action or usefulness at the site of application. It must be recognized that in the overall efficacy of a preparation, vehicles may at times be as important as the specific active agents employed. For example, many topical formulations such as pharmaceutical and cosmetic cream bases which contain no specific active agents are merely referred to as "vehicles."

Squalene and specially prepared forms of it, have been proposed as additives to cosmetic and topical pharmaceutical vehicles. The addition of these materials seems to promote penetration since they are miscible with sebum and are said to bring incorporated medicaments into closer contact with the absorbing surface of the follicular wall.

Since squalene is known to occur in the natural secretions of the skin, and studies indicate that it caused a significant reduction in the amount of moisture given off by the skin, the following types of formulations have been suggested with this substance as an effective constituent (concentration of squalene in parentheses): skin conditioner (7 per cent), aerosol skin cleanser (0.5 per cent) emulsion lotion (8 per cent), heavy bodied emollient lotion (10 per cent), vanishing cream (2.1 per cent), and after shaving cream (2 per cent).

Your customers can roam every counter at every five and dime all over the country and they still won't come across Wash-Up, Bidette, Atha-Spray, Atha-Powder, Trojans, Guardian, Shadow-Enz, Naturalamb, Steri·Wipe, or Youngs' Nail Polish Remover Pads.

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Squalene is hydrogenated to form a compound known as perhydrosqualene (squalane, spinacane, $C_{30}H_{62}$). It is a saturated hydrocarbon oil with properties very similar to squalene. This material has been gelled by ammonium bentonite to form an ointment base. It is believed this new base may penetrate to a depth sufficient to produce systemic effects.

A number of other similar hydrocarbons have been suggested for cosmetic and ointment formulations, for example, a series of isosqualene compounds.

Squalene (hexamethyltetracosahexene) a product of human sebum and squalene (hexamethyltetracosane) a liquid vehicle natural to skin and sebum are the so-called "new" in topical products. Squalene available as ROBANE from Robeco Chemicals, Inc. (New York City) is said to acccelerate percutaneous and horny layer penetration, and stimulate skin respiration.

In the treatment of psoriasis where heavy scaling or crusting is present, the following interesting commercial dermatologics have been suggested: KAYLOS (cream containing coal tar extract, salicylic acid, perhydrosqualene and allantoin) and SKAYLOS (lotion containg coal tar extract, squalene and allantoin).

In recent years there has been increasing appreciation of the metabolic activities that occur in the skin. The concept that the skin may manufacture the complex substances necessary to perform its function is gaining increasing support. For example, epidermis appears to synthesize sterols more readily than dermis, while dermis seems to have the unique ability to synthesize and accumulate squalene. Also it is possible that squalene is a necessary intermediate in the biosynthesis of cholesterol.

So-called hydration of the skin surface by fat-like substances has been studied on numerous occasions by many methods. After sifting the literature, one is often left with surprising, confusing and even conflicting statements. Some studies deal with methods for determining the ability of various chemical agents to disperse the horny cell layer of the epidermis.

In recent years, squalene and perhydrosqualene (squalane) have been investigated along with many other popular fat-like substances in the attempt to solve or prevent the very prevalent "dry skin," "chapped skin," and "scaly skin" problem.

One interesting investigation was based on measuring the time required for an oily liquid to pass through a column of pulverized horny cell layer material. The time required for the fluid to pass through the powdered scales packed in a column, etc. was referred to as the "flow rate." Although at first sight the method appears crude, fairly uniform results were obtained. The order from the fastest to the slowest flow rates was as follows: (1) isopropyl myristate, (2) squalene, (3) perhydrosqualene, (4) oleyl alcohol, (5) corn oil, (6) heavy liquid petrolatum, and (7) cottonseed oil.

Squalene-scented objects are used to train dogs to locate missile fragments on firing ranges. The training object (or missile) is coated with squalene and the dog is trained to recognize the odor and return the object or fragments after a missile explodes. However, the object must be left for about half an hour so that the scent will disperse and collect on the surrounding vegetation.

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

The May meeting of the Baltimore Metropolitan Pharmaceutical Association was another opportunity for pharmacists and those allied with pharmacy to hear a most important presentation.

The guest speaker was Mr. George W. Sooy, District Director, Baltimore District of the Federal Food and Drug Administration. He spoke on "Federal Drug Regulations and the Pharmacist".

Mr. Sooy reviewed the background and history of federal legislation of food and drugs. He then presented the highlights of legislation affecting pharmacy which has been enacted in the past few years. In addition, he spoke of legislation now pending in Congress to tighten control on amphetamine and barbiturate drugs.

The large bulk of illegal traffic in these drugs is not through pharmacists, Mr. Sooy, emphasized, but through peddlers, illegal diversion, truck stops and the like.

The other important provision that pharmacists must be alert to is to carry out the Durham-Humphrey Amendment concerning the filling and refilling of prescriptions for legend drugs. This has been no problem for the large majority of pharmacists.

It is beneficial for us to have officials to speak on our problems and keep us informed. There was a good turnout and many excellent questions were asked from the floor. The meeting was most enlightening and useful to all members.

If there are any suggestions for topics for future meetings, please contact me, Vice President Jerome Stiffman or Secretary Gruz at the Association office.

Sincerely,

MARION R. CHODNICKI
President

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NEWS ITEMS . . . . . .

Progress For Pharmacy Through The M.P.A.

After considerable and persistent efforts on the part of the Maryland Pharmaceutical Association, the first increase in fees for pharmacy services since 1958 will go into effect July 1, 1965.

This increase is small, but the *additional* amount alone in fees which pharmacists will receive in the 1965-66 year amounts to $194,200. The total amount for pharmacy services will amount to over four million dollars involving 1,400,000 prescriptions.

We see that this is a big program and getting bigger daily. In Baltimore City alone 1,000 persons were added to the rolls last year. The size of the program is an important factor in the difficulty in obtaining an adjustment of any fees whether for physicians, dentists or pharmacists. Even a small increase involves hundreds of thousands of dollars.

Our tasks as the professional society representing the pharmacists of Maryland are to:

1. Review and evaluate the pharmacy services policies of the medical care program to assure that both the public and the profession's interests are considered.
2. Obtain data by appropriate means such as surveys and cost analysis to thoroughly document any recommendations as to policies and reasonableness of remuneration.
3. Utilize the results of continuous study, evaluation and analysis to present the profession's views to all individuals and bodies concerned with the administrative, policy-making and executive decision-making responsiblities, namely:
    (1.) The Pharmacy Services Committee (advisory to the State Council on Medical Care)
    (2.) The State Council on Medical Care
    (3.) The State Department of Health
    (4.) The State Board of Health and Mental Hygiene
    (5.) The State Budget Bureau
    (6.) The Governor
    (7.) The Legislature (including committees)

We must have valid and reliable data in order to convince the people at all these levels of the merit of any recommendations we make.

The task outlined involves the use of experts and of Association staff sufficient to accomplish our objectives. Such plans require the financial resources that demand the support of the Maryland Pharmaceutical Association by every pharmacist in the state.

The future of every pharmacist—regardless of status as employer, employee, community, hospital, or whatever—is interdependent.

What is professionally and economically beneficial or detrimental to one segment in pharmacy will likewise affect the other.

With governmental and group medical care assuming a more and more dominant role, it is incumbent on every pharmacist to shoulder his responsibilities as a matter of enlightened self-interest as well as for the public interest.

Further progress for pharmacy in Maryland can only result from all out support of the Maryland Pharmaceutical Association by every pharmacist and those associated with the drug industry.

Full support is exemplified by personal membership and the enrolling of others as members in the Association.

Children don't outgrow crossed eyes. Eye exercises, glasses or corrective surgery may be indicated.

MARYLAND PHARMACEUTICAL ASSOCIATION'S

83rd ANNUAL CONVENTION

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L.A.M.P.A. Meeting

The Ladies Auxiliary of the Maryland Pharmaceutical Association held its Annual Spring Luncheon at the Sheraton Belvedere Hotel in Baltimore. Fran Mahr, noted local television personality, was the featured entertainer.

Prince Georges-Montgomery County Pharmaceutical Association

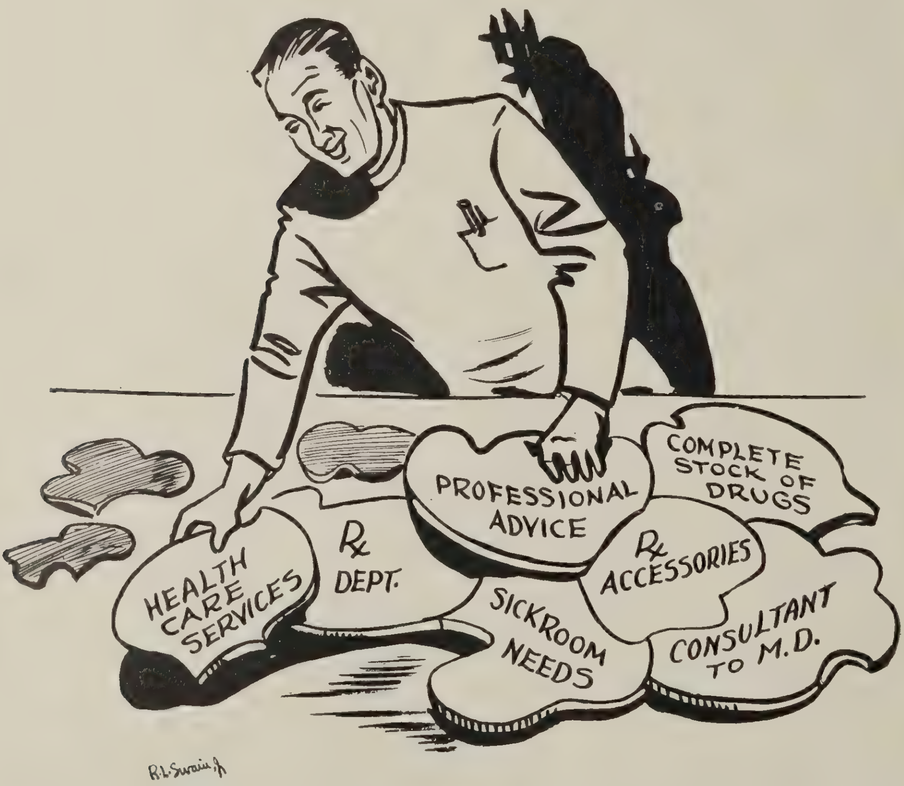
The May general membership meeting was held on May 11th at the Co-op Auditorium, Takoma Park. The guest speaker was Dr. Kenneth Euler, Assistant Professor of Pharmacognosy at the University of Maryland School of Pharmacy, who spoke on "New Antibiotics".

Pineapple Enzyme Enhances Value Of Antibiotic, Conference Told

An enzyme obtained from pineapples shows promise of increasing the effectiveness of antibiotics, the 1965 meeting of the Carl Neuberg Society for International Scientific Relations was told.

The substance, bromelain, has been known to have the ability to dissolve proteins and has been used to treat inflammation, swelling, and discoloration of damaged tissues, and one study reported supports that use of the enzyme.

Vitamins A and D are stored in the body and if too great a quantity is consumed, toxic effects may follow.



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Zinc Oxide U.S.P. Merck Powd. (7051)	5 lb., 1 lb.

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Mr. Norbert A. Witt (right), President of the Noxzema Chemical Company, accepts a scroll designating him "Distinguished Marketing Man" of the year from Mr. N. F. Vasil, President of the Baltimore chapter of the American Marketing Association. The special award, first in the Baltimore chapter's history, was made in recognition of Mr. Witt's "outstanding leadership in marketing programs that have expanded Noxzema's product lines and boosted sales by over 400% in his ten years with the Company".

Dermatological Efficacy Of Topical Corticosteroids Compared

Hydrocortisone, the naturally occurring and principal anti-inflammatory corticosteroid produced by the human adrenals, along with its related synthetic analogs, represents a group of agents which have gained a position of prime utility in dermatological therapy. The corticosteroids are widely used as topical anti-inflammatory agents and evidence shows that they are effective, but the mechanism by which they act is largely unknown, according to Carl A. Schlagel of The Upjohn Company. However, he notes, it has been established that the corticosteroids are palliative—not curative—in action.

The experimental and clinical studies are analyzed and the results from various sources dealing with individual compounds are summarized in Dr. Schlagel's comprehensive review, "Comparative Efficacy of Topical Anti-Inflammatory Corticosteroids," appeared in the March issue of the American Pharmaceutical Association *Journal of Pharmaceutical Sciences.*

Dr. Schlagel discusses the molecular requirements necessary for topical anti-inflammatory effectiveness and the modifications of the hydrocortisone molecule which have led to synthetic analogs with enhanced topical activity. Physicochemical properties of a compound may affect skin penetrability and retention, as well as other factors which influence topical activity.

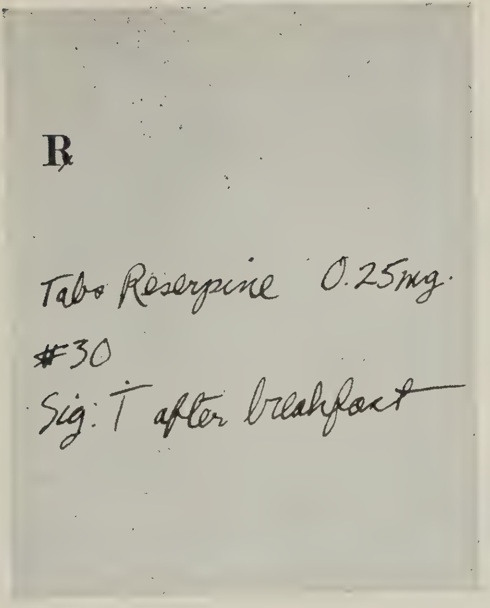
A systemic proteolytic enzyme has proved to be of definite help in reducing post-surgical edema, according to two oral surgeons. Drs. Patrick S. Metro and Robert H. Horton of Cincinnati's General Hospital report that they have successfully reduced swelling and speeded healing among 25 patients with an enzyme drug derived from carica papaya.

Results of their double blind study were reported in the March issue of the Journal of Oral Surgery, Oral Medicine and Oral Pathology.

The authors pointed out that swelling and fluid accumulation around the site of an extraction not only slow healing, but also lead to pain and disfigurement during the recovery process. Their experiment with Papase, the proteolytic enzyme, was designed to see if these factors could be alleviated.

Drs. Metro and Horton reported that Papase was the latest step in a ten-year trend toward the use of drugs in healing oral wounds. Previously, prime emphasis had been placed on the application of cold compresses for the first 24 hours, followed by warm salt rinses for four or five days. Corticosterioids, antihistamines and animal enzymes have been tried recently with varying degrees of success.

Papase was developed by Warner-Chilcott Laboratories, a division of Warner-Lambert Pharmaceutical Company.



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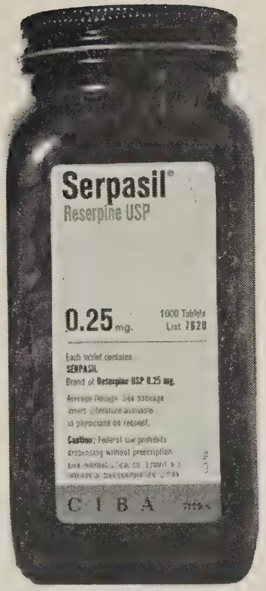

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C I B A

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SUPPLIED: *Tablets,* 2 mg. (white, scored); bottles of 100 and 1000. *Tablets,* 1 mg. (white, scored), 0.25 mg. (white, scored) and 0.1 mg. (white); bottles of 100, 500, 1000 and 5000. *Elixir* (reddish-brown, cola-flavored), 1 mg. per 4-ml. teaspoon; bottles of 1 pint and 1 gallon. *Elixir* (green, lemon-lime flavored), 0.2 mg. per 4-ml. teaspoon; bottles of 1 pint. *Parenteral Solution:* Each ml. contains 2.5 mg. reserpine, 0.1 ml. dimethylacetamide, 10 mg. adipic acid, 0.1 mg. versene, 0.01 ml. benzyl alcohol, 0.05 ml. polyethylene glycol, 0.5 mg. ascorbic acid, and 0.1 mg. sodium sulfite in water. *Ampuls,* 2 ml.; cartons of 5 and 50. *Multiple-dose Vials,* 10 ml.; cartons of 1, boxes of 6 and 50.

Serpasil® (reserpine CIBA)

CIBA
SUMMIT, N.J.

2/3137DB

Prevention Of Infections Major Concern In Diabetes

The human skin has many functions, but first and foremost it's a barrier against a host of disease organisms. Even a small break in its defensive wall may mean trouble. If the person is diabetic, it can spell double trouble.

A square centimeter of skin, about one-third the size of a postage stamp, contains 100 or more sweat glands, four yards of nerves, a yard of blood vessels, plus numerous other components to the tune of some 3 million cells in all.

Damage to such a complex mass of tissue is an open invitation to infection. The diabetic, especially if his basic disease is not controlled, is much more vulnerable to infection because his poor circulation lowers resistance and impedes recovery.

Once infection is established, the diabetes itself may become more severe and a vicious cycle is under way. Infection complicates management of the basic disease, often by altering the requirement for medication to control diabetic symptoms.

In his book, "How to Live With Diabetes," Dr. Henry Dolger, chief of the Diabetes Clinic at New York's Mt. Sinai Hospital, says the problem of infection is much more acute in middle-aged and elderly diabetics in whom the circulation is seriously impaired.

In any case, diabetes is a disease the patient must learn to live with; it will be with him the rest of his life. With adequate precautions, however, his life can be reasonably normal.

Once his physician lays down the ground rules, he can do many things for himself—watch his diet carefully, take his oral drug or insulin injection at the proper time, get a reasonable amount of exercise, and be careful about personal hygiene. Naturally, he is always alert to protect himself against infection and accidental injury.

The pamphlet "You and Diabetes," prepared by The Upjohn Company, says that diabetics should pay special attention to cuts and bruises but avoid using irritating antiseptics, such as iodine, or adhesive tape on the skin.

In general, the diabetic should avoid any medication or treatment not specifically directed by his doctor. Most physicians, however, would go along with initial treatment of minor cuts, scrapes, and bruises with a non-irritating antiseptic to forestall infection.

In this area, the antibiotics are the preferred type of drug. One such preparation, Mycitracin, is an ointment specifically tailored to deal with minor injuries. Its combination of three antibiotics is effective against most kinds of bacteria generally found on the skin. The foresighted diabetic might well check with his doctor and, if he agrees, lay in a supply against future emergencies. Mycitracin has no sting or smell and it won't damage injured tissue. No prescription is needed.

Where infection is concerned, the diabetic's feet are one of the most vulnerable areas. They need special care by himself and by his physician and podiatrist working as a team.

He should wash his feet every day with soap and warm (never hot) water, drying them gently but thoroughly, especially between the toes. Shoes should be well fitted, and shoes and socks should be changed every day. To avoid injury, the diabetic should never walk barefoot.

Dry skin and nails may be rubbed with lanolin, but treatment of corns, calluses, bunions, blisters, and ingrown toenails are a matter for the podiatrist.

Inept and unauthorized self-treatment of these conditions could lead to the spread of a local infection and destruction of tissue. Gangrene, loss of a part of a foot or a leg, might result.

One out of five school-age children have some eye defect which should and could be corrected.

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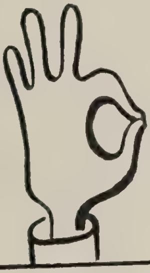

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APhA Tells Congress Why Profession Opposes Physician Ownership

The profession of pharmacy opposes physician ownership of pharmacies because the highest quality of pharmaceutical service can be provided most economically only when pharmacists are free to develop, manage and control their own professional practices.

This was the point made by the American Pharmaceutical Association when its Executive Director, Dr. William S. Apple, testified before the Subcommittee on Antitrust and Monopoly of the Committee on the Judiciary of the U.S. Senate.

"Rebates, percentage leases, physician ownership of repackaging firms and physician ownership of pharmacies are all cut from the same cloth — a shroud which covers up practices which are inimical to the public interest. They are all unethical and should be so branded," Dr. Apple told Senator Philip A. Hart, Subcommittee Chairman, and others present at the hearing.

Efforts Will Continue

Referring to efforts by the national professional society of pharmacists to resolve the physician-ownership problem with the American Medical Association, Dr. Apple assured the Subcommittee that the efforts will continue since the "professions have the primary responsibility of protecting the public interest in these professional matters."

Dr. Apple traced the history of physician ownership, noting that it was a prime interprofessional problem 100 years ago, and that the code of ethics of the APHA has since 1852 prohibited physician-pharmacist clandestine arrangements.

Monopolistic Design

"Some physicians have found 'ownership' a . . . sophisticated way of profiting from their prescribing activities . . ." Dr. Apple reported. "Imprinted prescription blanks, coded prescription orders, direct telephone lines and other contrivances virtually assure that all patients of the physician-owner will patronize the pharmacy of the physician's choice. The patient is an unknowing captive of a monopolistic design."

Clinic Facilities

Dr. Apple then showed, by example, how physician group practices in clinic facilities could create arrangements between physicians and pharmacists under which the patient is exposed to probable economic exploitation.

He noted that "business management groups" are encouraging physician ownership of pharmacies to amortize the cost of a group medical building by including a pharmacy, convincing physicians that pharmacy profits can carry the building cost load. This group has most effectively opposed efforts by AMA leaders to resolve the interprofessional problem of physician ownership, he said.

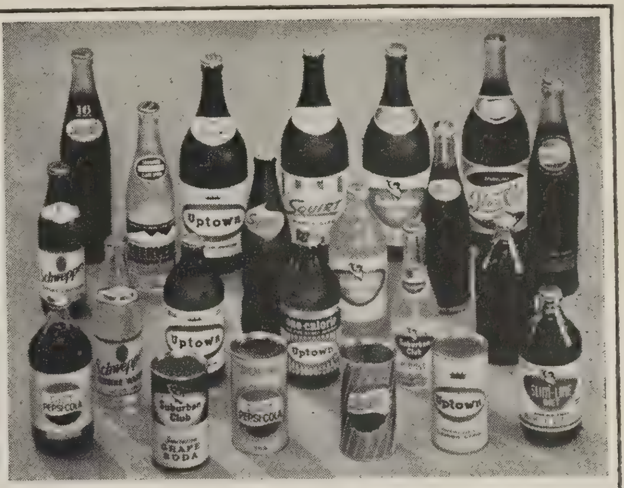
Joint Meetings

If ownership is unethical for one, then it is unethical for both physician and pharmacist, Dr. Apple pointed out. Because of this, APhA has been meeting with AMA to develop physician-pharmacist code of understanding that if adopted nationally would spur state and local action.

"This Committee will have performed a most useful function . . . if the Congress . . . makes it perfectly clear that efforts . . . to enforce a code of understanding . . . in the public interest will not be a violation of the antitrust laws."

Noxzema Sets New Sales Record In 1964

The Noxzema Chemical Company achieved the largest sales volume in its history during 1964, Mr. Norbert A. Witt, President, told the Annual Stockholders Meeting today. The high of $30,763,000 represents an increase of 7.9% over 1963 and marks the tenth consecutive year of increased sales for the company.



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Stock the hot ones!

Offer your customers everything they could possibly want in soft drinks. Choice of flavors—we've got them for you! Wide selection of packages—offer your customers returnables, no-returns and cans! Low-cal's, too—we've got them in all the best-selling flavors! We offer you an extensive, well-promoted line, that means sure profits for you. Call us now. It's good business . . . for you.

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Net earnings, after taxes, were $1,519,659, an increase of 6.3% over the previous year's net earnings of $1,429,803. Net earnings per share increased from $3.50 in 1963 to $3.73.

Plans have been completed to move the entire operation of the Noxzema Chemical Company to its Cockeysville, Maryland site during the latter part of 1965 and early 1966, "a consolidation which will increase efficiency and effect economies that will strengthen the entire company's operations."

Discussing sales for the first two months of 1965, Mr. Witt stated, "Current sales volume for 1965 shows a 22.5% increase over the same period last year."

Noxzema products currently include Medicated Skin Cream, Liquid Skin Cream, Complexion Lotion, Shaving Lather, and the Cover Girl Make-up brand. The company expects to add to these product lines during 1965.

Some of the *IMMEDIATE* BENEFITS from Membership in your State Professional Society — THE MARYLAND PHARMACEUTICAL ASSOCIATION

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MEAD JOHNSON LABORATORIES *grants* FOR UNDERGRADUATE RESEARCH IN PHARMACY

Recipients of Mead Johnson Laboratories Grants for Undergraduate Research in Pharmacy for the 1965-66 Academic Year have been selected by the American Association of Colleges of Pharmacy.

It is a privilege for the people of Mead Johnson Laboratories to again sponsor this program designed to stimulate student interest in pharmaceutical research.

The role of Mead Johnson Laboratories in regard to these awards is limited to providing award funds and consultation to the American Association of Colleges of Pharmacy. The method of choosing recipients is determined by the American Association of Colleges of Pharmacy.

RECIPIENTS FOR THE 1965-66 ACADEMIC YEAR

DR. CHARLES F. BARFKNECHT
Assistant Professor of Pharmaceutical Chemistry
Idaho State University

DR. ALLAN M. BURKMAN
Associate Professor of Pharmacology
Butler University

DR. DONALD E. CADWALLADER
Associate Professor of Pharmacy
University of Georgia

DR. GEORGE H. COCOLAS
Associate Professor of Pharmaceutical Chemistry
University of North Carolina

DR. WARREN G. HANSEN
Assistant Professor of Chemistry
St. Louis College

DR. MICHAEL D. JACOFF
Assistant Professor, Pharmacy Administration
University of Rhode Island

DR. ALBERT M. MATTOCKS
Professor of Pharmacy
University of Michigan

DR. LEE C. SCHRAMM
Assistant Professor of Pharmacognosy
University of Minnesota

DR. WILLIAM C. SUNKES
Assistant Professor of Pharmacy
Ferris State College

DR. CLYDE W. WHITWORTH
Assistant Professor of Pharmacy
Northeast Louisiana State College

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Aging Disease Of The Eye Checked by Vascular Drugs

The results of a 13 year study at the Queen Elizabeth Hospital in New York proves that diminution of visual acuity and field of vision which commonly grow progressively worse with age may be checked by a class of drugs known as peripheral vasodilators.

Dr. H. Wyatt Laws, the hospital's ophthalmologist - in - chief, tested four drugs that are believed to increase blood flow to the eye area. He treated 237 patients over a period of 13 years and reports his findings in the **Canadian Medical Association Journal**, August 15, 1964.

Positive Results

Dr. Laws obtained positive results from all four compounds tested—nicotinic acid, Roniacol (nicotinyl alcohol), Priscoline (totazoline hydrochloride) and Arlidin (nylidrin hydrochloride).

Arlidin, he reports, was most effective and eventually all patients were placed on this compound.

Of those who benefitted from the treatment the majority were aged patients, many over 70, afflicted with senile macular degeneration (opacity of the cornea).

Vascular Disorders

Most of the remaining 44 per cent were suffering a variety of conditions related to vascular disorders affecting the eyes, including retinal vasopasm and diabetes retinopathy.

With treatment, vision improved or remained stable in 87 per cent, Dr. Laws reports. Elderly patients who for one reason or another refused to take the drugs prescribed served as "controls" in the sturdy. Their deterioration was observed and compared over the years with those who took the medication daily as prescribed.

Dr. Laws selected Arlidin as the drug of choice because it, "has the greatest number of cases with vision improved and fewest with vision worse." In addition, Dr. Laws reports, Arlidin has the lowest incidence of side effects (2 per cent).

Taking Children Abroad

Avoiding illness in children during international travel includes the following:

Medical care before departure—Parents should be sure children are in good health, or, in conditions such as diabetes or epilepsy, in good medical control. Immunization - Natural or artificial immunity should be urged against smallpox, typhoid, paratyphoid, diphtheria, pertussis, tetanus, infectious hepatitis, measles, polio, and depending upon itinerary, yellow fever, cholera, influenza, typhus fevers, plague, or tuberculosis.

Motion sickness—Most children travel well by air or sea without medication, and should have exercise every hour or so during automobile travel.

Earache—If flying is necessary during an upper respiratory tract infection, any one of several available vasoconstrictor-antihistamine nasal sprays may be used to avoid the earache which may occur during or after flight.

Colds—It is well to have along a cough medicine that the child is known to like; aspirin in a dose of 1 grain per 10 lbs. body weight can also contribute to the child's comfort in upper respiratory tract infections.

Diarrhea—Scrupulous adherence to the general hygienic measures described is preferable to attempting drug prophylaxis of travelers' diarrhea or intestinal amebiasis and such bacterial infections as shigellosis and salmonellosis. These measures include boiling all drinking water in most areas of the world; preparing formulas with boiled milk or with tinned powdered milk and boiled water; avoiding locally prepared milk products; dipping uncooked vegetables and fruits in boiling water before peeling; and serving meats and other cooked foods hot and without sauces

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or gravies. For relief of diarrhea a kaolin-pectin formulation such as Kaopectate is advisable.

Malaria—Chloroquine is the drug of choice for all travelers in areas where malaria is endemic. Insect sprays and mosquito bars should be used to protect children from mosquitoes in these areas.

Schistosomiasis—Children should not be allowed to wade or bathe in fresh water where schistosomiasis is endemic.

Rabies—Because rabies is common in animals over much of the globe, children should be counselled not to play with stray animals, especially dogs.

Medical care after return—Children should have a medical check-up after they return. After travel in primitive areas, especially tropical ones, an eosinophil count, blood smears, and stool examination for parasites and ova are recommended.

—Harold A. Tucker,
Clin. Pediat. 3:505-507

Judging The Pharmacy Window Displays

What qualities do the judges look for in exhibits entered in the Pharmacy Week Display Contest? What faux pas cause some exhibits to be eliminated? What are the characteristics of an exhibit that is selected for the first prize nationally?

Since Maryland's first prize exhibit in the 1963 Pharmacy Week Display Contest was also selected for the first prize in the national contest sponsored by the American Pharmaceutical Association, pharmacists in the State can be proud and perhaps might even be encouraged to increase their creative skills in exhibit making. Having had the pleasure of serving as one of the three judges that selected the national winner from photographs of Maryland entries, I shall try to explain how we arrived at our decision.

Basically, there were three steps in our judging process: 1) disqualifying exhibits not following contest rules, 2) eliminating those which failed to follow basic principles of exhibit making, and 3) rating those that were appealing. Admittedly, this is an oversimplification, but it may help if each step is further explained.

First, we made certain that each exhibit included the streamer imprinted "National Pharmacy Week, October 6-12, 1963," that they were professional in concept, that commercialism was avoided, and that they conformed to the theme "family physician plus family pharmacist equals healthy family." These were the display contest rules, and we as judges felt that any exhibit which did not conform to all of these rules should be disqualified automatically. This step was relatively easy.

The next step, however, became a little more difficult. From a variety of approaches and differences in materials, lettering, and graphic materials, we had to reject those which contained something that detracted from the appeal of the exhibit. Here are some of the faux pas that were caught by the scrutiny of our six eyes:

1) errors—there were inaccuracies in information presented or misspellings of medical and pharmaceutical terms.

2) clutter—there were too many signs, pictures, objects, or other eye-catching devices that actually made the exhibit eye-distracting.

3) verbosity—there were too many messages instead of a single theme. (It has been estimated that the average person walks by a window in eleven seconds.)

4) disorganization—there was too little attention to the placement of material; there was a lack of order and symmetry.

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After this second round of elimination, there remained some rule-abiding, eye-appealing entries. Now came the biggest dilemma: selecting a first, second, and third prize. The three of us—two men and one woman, representing journalism, pharmacy, and health education—had to agree: the top exhibit had to appeal to all three of us. The series of two eliminations of course, had made our job somewhat easier. At this stage, we spread the photographs of the exhibits before us and compared them with each other. Then choosing what we considered the best, we discussed each one individually, giving a critical analysis. With each of us giving candid opinions, we finally arrived at unanimous votes for first, second, and third place.

The following sums up the characteristics that were evident in the number one exhibit:

1) It had a single, specific message.
2) The message could be easily understood and quickly read by the general public.
3) The design was appealing.
4) The layout showed creativity and originality.
5) The lettering, which was kept to a minimum, was large enough to be read easily.
6) The art work was not only attractive but also it served its purpose.
7) The exhibit had dignity and was a credit to the profession.

OBITUARIES

FREDERIC T. BERMAN

Frederic T. ("Fritz") Berman, 55 died suddenly on May 20, shortly after attending a meeting of the Board of Directors of Calvert Drug Co. He had operated the Walther Pharmacy for 27 years.

Mr. Berman graduated from Baltimore City College in 1927 and received his Ph.G. from the University of Maryland School of Pharmacy in 1932.

After employment with Plough, Inc., as a sales representative and as manager of Downes Bros. Pharmacy, he opened his own pharmacy at Hamilton and Frankford Avenues in February 1938.

Mr. Berman is survived by his wife, the former Lillian Gamerman, one son, Robert, two daughters, Mrs. Stephanie Sagel and Janis Berman, two brothers, Benedict S. Berman II, Dr. Henry I. Berman of Louisville, Kentucky, and the late Howard Berman, and two grandchildren.

He was a member of the Maryland Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association, Arex Club, Alpha Zeta Omega Pharmaceutical Fraternity and the Masons.

WALTER V. JACKSON

Walter V. Jackson, 75, a pharmacist for 54 years, died suddenly May 26 at his Catonsville home, soon after finishing the day at Wilkens Pharmacy, where he had been employed for the last 11 years.

He conducted a pharmacy at Garrison and Belvieu Avenues for nine years and then at Hillen and Forrest Streets for nine years. After closing the latter pharmacy in 1935, he had engaged in relief work in the Baltimore-Catonsville area.

Mr. Jackson is survived by his wife, Grace B., one son, Walter V., Jr., and three daughters.

THOMAS N. BEAVERS

Thomas N. Beavers, 72, retired chairman of the board of Peoples Drug Stores, died May 7th at his home in St. Petersburg, Fla., following a heart attack.

Since his retirement in 1958, Mr. Beavers and his wife, the former Martha Norton, had made their home in the Belle Vista Beach section of St. Petersburg.

Mr. Beavers was born in Whitley County, Ind., and graduated from the

University of Valparaiso. After serving n the Navy in World War I, he began his 39-year career with Peoples as a pharmacist at the firm's fourth store at 1150 7th St., N.W., Washington, D.C.

His rise was rapid. By 1926 he was company treasurer and was instrumental in having the company incorporated and arranging for the financing necessary for its expansion program. Two years later he was elected vice president and a director.

He became executive vice president in 1933 and inaugurated a long-range retirement plan for the company's employes. In 1940 he was named president and ten years later became chairman of the board.

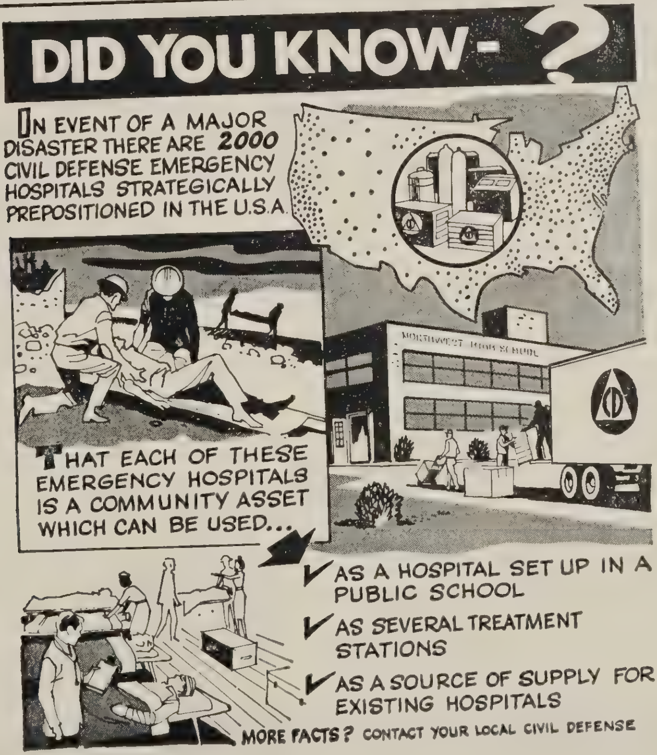
During his years as president and chairman of the board, Peoples annual sales tripled and the number of stores grew to 171.

Among his many positions outside the company were the presidency of the Associated Chain Drug Stores and membership on the boards of the National Association of Chain Drug Stores, the Bank of Commerce and Savings and the former Hamilton National Bank.

He was active in community affairs during the nearly 40 years he lived in Washington, including the Red Cross and Community Chest campaigns and the Metropolitan Police Boys Club.

A Mason and a Shriner, he also belonged to the Capitol Court Royal Order of Jesters, Friendly Sons of St. Patrick, D.C. Pharmaceutical Association, Rotary Club, University Club and Burning Tree and Columbia Country Clubs.

Survivors include his wife and his mother, Mrs. S. W. Beavers, and two sisters, the latter three of Churabusco, near Ft. Wayne, Ind.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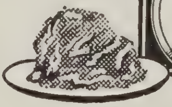

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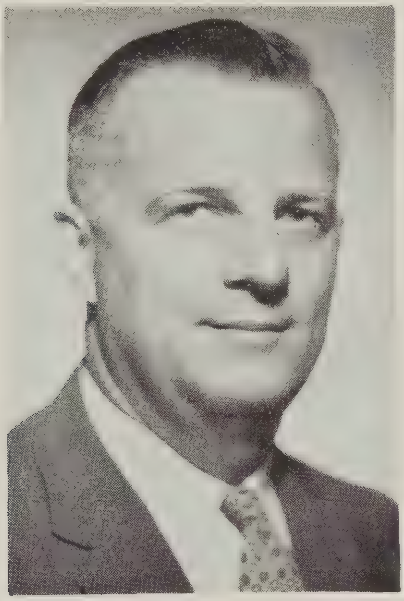

DR. GEORGE P. HAGER

President, 1965-66

American Association of Colleges of Pharmacy

See Page 638

4th ANNUAL SIMON SOLOMON PHARMACY ECONOMICS SEMINAR

Thursday, December 2, 1965

VOLUME XL - NO. 9 JUNE 1965

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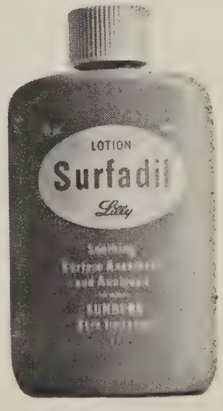

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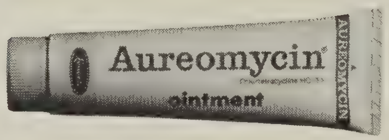
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL JUNE 1965 No. 9

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HIGHLIGHTS IN THIS ISSUE

Page

Editorial 600
President's Message 602
Secretary's Script 604
Maryland Board of Pharmacy 610
School of Pharmacy, U. of M., News 612

Contributions:

Message to 1965 Graduates—Nathan I. Gruz 620
T.A.M.P.A. Tattler 626
B.M.P.A. President's Message 628

News Items:

U. of M. Educator Attends Walgreen's Seminar 630
Kappa Psi Award to Dr. Goldstein 634
Dr. Costello Appointed University Professor; Receives NASA Grant 636
Dr. George P. Hager Elected President of the American Association of Colleges of Pharmacy 638
Godfrey D. Kroopnick Active in Civic Affairs 640
Drug Abuse Manual Published by SKF 640
A.Ph.A. General Practice Academy Officers Appointed 642
Project "Head Start" 643
Early Diagnosis Can Prevent Deaths From Cancer 646
Measles Vaccination Imperative Measure 647
Obituaries 647

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Editorial . . . . . .

The Two Faces of Public Relations

The importance given to public relations is demonstrated by the employment by every profession, industry and institution of a full or part-time "PR" man.

In pharmacy we must recognize that there are two faces to public relations. This involves the siamese twins of the public relations images of individual pharmacists and the corporate public relations image as engendered by pharmaceutical associations and industry.

During the past year the public relations program of the Maryland Pharmaceutical Association has included several innovations. Of course we have continued the regular features such as promotion of National Pharmacy Week, Diabetes Detection Week, Poison Prevention Week, weekly radio programs and others.

The new programs were, one, the first joint year-long public information program of the American Cancer Society with a state pharmaceutical association. The publicity through newspaper, TV and radio directed the public to their community pharmacists to obtain factual information about cancer. A different pamphlet was distributed every two months

Second, pamphlet racks were made available at a nominal cost to make it possible for every pharmacy to be a HEALTH INFORMATION CENTER. This project is continuing and additional racks have been manufactured and are available. No pharmacy should be without a rack containing pamphlets on various health subjects. This is a sure method of associating a pharmacy with the public health interest and demonstrates that the pharmacist is vitally concerned with his patrons' health as the prime responsibility.

Thirdly, the Maryland Pharmaceutical Association, along with the Alumni Association of the University of Maryland School of Pharmacy, sponsored a pharmacy exhibit at the first Careers Opportunities Exposition in Maryland. Held at the Civic Center, the Exposition drew more than 50,000 high school students. The pharmacy exhibit attracted great attention. Large numbers of students, faculty advisors and parents thronged the pharmacy booth to watch demonstrations of pharmaceutical operations and to ask questions. The undergraduate and graduate students, faculty and M.P.A. members who helped man the booth should be commended for their efforts. It is hoped that this will be an annual event because of its great success.

All these valuable group efforts are, of course, effective public relations programs. But, the great impact of what the public sees as the exterior and interior of individual pharmacies—and what the public finds in the quality of professional behavior by individual pharmacists—can either strengthen or destroy all organizational efforts.

One Of The Benefits Of M.P.A. Membership

PROFESSIONAL CREDIT PROTECTIVE BUREAU . . . recently endorsed by the MPA Executive Board is being utilized by many members. All members that returned cards will be contacted personally by a representative of the I .C. System. The participation is much greater than anticipated, so there may be some delay before you are contacted. We hope too, that the recognition of a state-wide facility of this kind will provide a strong deterrent to "dead-beats" to keep them from preying on so many different pharmacies. If you haven't sent in a card and would like more information, or wish a representative to brief you on the program, let us know. Telephone SA. 7-0746.

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President's Message . . . . . .

Dear Fellow Members:

In this final message to the membership in my capacity as your president, I would like to speak of some of the high points as well as the failures of the past year.

A great deal of effort has been put into the matter of medical care by your officers during the last few years. We were at last successful in obtaining a modest increase in pharmacy fees for prescriptions filled under the medical care program. This increase, nevertheless, means an additional $194,200 for the pharmacists of Maryland.

With the support of the membership of the M.P.A., we were able to accomplish this. The officers and Executive Committee understand that medical care, plus Medicare, will have a greater and greater effect on pharmacy with the passing years. The M.P.A., therefore has a continuing program in effect to watch all governmental medical care programs to assure full consideration for pharmacists in their goals to see that all persons receive professional pharmaceutical services.

We have also inaugurated joint efforts with the Maryland Association of Hospital Pharmacists to resolve mutual problems. A successful year-long public relations program with the Maryland Division of the American Cancer Society was concluded. Study of prescription pre-payment plans has begun so that the best program for Maryland's needs can be established.

In the field of pharmacy legislation, differences of opinion contributed to the failure of the 1965 program. It is our hope that all in pharmacy will recognize the necessity for unified support for legislation that will enable pharmacy to better function as a public health profession.

I wish to thank all the officers, the general membership and all in the drug industry for their support. It is my earnest hope that all pharmacists who are not members of the Maryland Pharmaceutical Association will join at this time. We can progress in meeting the problems facing pharmacy only if all members of the profession give their full support. Those who stay on the sidelines are burdens, not assets. I am sure many who are not now on the team will sign up if approached by a member.

There are many problems facing us. With constantly increasing realization of the great need for cooperative efforts by all in pharmacy, I am confident that we will make progress in the coming years.

Sincerely,

SOLOMON WEINER

President

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Secretary's Script . . .

A Message from the Executive Secretary

From the Report of the Executive Secretary of the Maryland Pharmaceutical Association, delivered at the 83rd Annual Convention, June 29, 1965.

This past year has been a year of vigorous, full activity for the Maryland Pharmaceutical Association — a year which has been a mixture of frustrations and progress.

First, I would like to review the highlights of a busy year and then present some comments and recommendations.

Dominating the year's activities were the legislative and medical care programs. An extensive legislative program, long overdue, seeking to advance pharmacy professionally and to meet urgent problems was developed and introduced into the state legislature. The proposed legislation was aimed to define what the practice of pharmacy is, to differentiate a pharmacy from any other kind of establishment and to enable the Board of Pharmacy to issue regulations regulating the practice of pharmacy. These objectives so essential for the professional progress of pharmacy and for the enhancement of opportunity for the free practice of the profession of pharmacy were unfortunately opposed from within our ranks.

Aside from any new legislative proposals which may be presented at the next legislative session, it is imperative that existing legislation which is being violated be vigorously enforced. All violators—whether large or small—must be prosecuted after due warning. The glaring examples of violations of the pharmacy law concerning advertising with reference to prescription pricing and professional superiority must be brought to an end if contempt for law enforcement agencies and for the law is to be halted. On the positive side of the legislative ledger we were able to obtain beneficial exemptions for pharmacies in the new minimum wage law and favorable action on other bills as reported in the report of the Legislative Committee.

In the area of medical care the many years of work by the Association finally bore fruit. The State Department of Health again recommended increases in pharmacy fees. As a result, the Budget Bureau and Governor approved the first increase in fees since 1957 and the necessary additional funds of $194,000 were appropriated by the legislature. We did not obtain all we strove for and have already begun our work for the 1966-67 year. Consideration is being given to the sponsorship of a survey to obtain additional facts to support recommendations on pharmacy services.

Just two matters of such vital concern to the pharmacists of Maryland necessitated an enormous allocation of time and effort by the Association staff and legal counsel, as well as by the officers, committee members and many others.

One of the valuable by-products of these campaigns was the development of closer relations with the state medical society. This, of course, also involved the important issue of medical care for the aged. Many meetings and conferences were held with staff officials, congressmen, senators, and Governor Tawes. As a result a legislative liaison committee has been established consisting of representatives of the health professions.

In the field of public relations, we have concluded a year of cooperative program with the Maryland Division of the American Cancer Society to utilize community pharmacies as a

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source of authentic information. This was the first in the country and was augmented by television, radio and newspaper publicity.

The Robert Swain Model Pharmacy and B. Olive Cole Museum project which has received a transfusion, appears to be moving ahead. Dr. Fitzgerald Dunning has accepted the Honorary Chairmanship of the Swain-Cole Fund with Simon Solomon as Co-Chairman. Irving I. Cohen and Dean Foss are Chairman and Co-Chairman of the committee with L. Scott Grauel as Contributions Committee Chairman. We hope all pharmacies and those allied with pharmacy will respond generously when called upon.

The John F. Wannenwetsch Scholarship Fund of the M.P.A. has been called upon to meet the demands for scholarships to the University of Maryland School of Pharmacy by an increasing number of applicants. This fund is important to maintain a flow of qualified students to the school, as many need our assistance which we grant solely on the basis of financial need to those academically qualified.

We also took part along with the Alumni Association of the University of Maryland School of Pharmacy in sponsoring an exhibit at the first Careers Opportunities Exposition at the Baltimore Civic Center. More than 50,000 high school students attended. The pharmacy exhibit featured displays and equipment on tablet-making and aerosols. The faculty and students as well as members of the Association should be commended for the time and effort devoted to encouraging young people to consider careers in pharmacy.

The Regional Meetings continue as opportunities for pharmacists to learn about major problems and participate in Association activities. The fall meeting was devoted to "Proposals for Reclassification of Drugs" and the Spring meeting featured "Physician - Pharmacist Relations".

The Association continues to provide many valuable services such as money-saving group insurance plans. All members should investigate the advantages of our Health and Accident, major medical and Blue Cross Plans. Many members are learning of the value of the Association's group life insurance plan called M.Ph.A. Life. The employment service is called upon almost daily by pharmacists—employer and employee.

This month the Association's Professional Credit Protective Bureau was launched. This service to assist in the collection of delinquent accounts has already been put into operation by some of our members.

The seminars both professional and economic warrant greater support by the pharmacies of the state. The Swain and Simon Solomon seminars enable pharmacists to continue their pharmaceutical education on a voluntary basis. It is hoped to implement in the coming year the recommendation to establish a Maryland Academy of Pharmacy. Membership would be based upon attendance at seminars meetings and conventions.

The role of TAMPA—The Travelers Auxiliary of the Maryland Pharmaceutical Association is being re-evaluated. Conferences have been held with TAMPA representatives to achieve a more effective plan for the group and greater recognition of its valuable contribution to pharmacy. Certainly all pharmacies should recognize the TAMPA emblem and accord proper consideration to TAMPA members as they make their rounds.

Prescription pre-payment plans have been recognized by the Association as a major development on the horizon of pharmaceutical practice. The inclusion of a representative of California Pharmaceutical Services on the convention program is indicative of our alertness to this problem. We intend to keep abreast of developments with the view

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of fostering the program best promised to meet the needs of the public and our profession in Maryland.

The urgent necessity to foster close relations between local pharmaceutical associations and the Maryland Pharmaceutical Association has resulted in the adoption of a constitutional amendment to enable reciprocal membership agreements between the state and local groups. So far only the Eastern Shore Pharmaceutical Society requires membership in the state association.

This year a joint voluntary billing of the M.P.A. and the Baltimore Metropolitan Pharmaceutical Association was used. There was some saving in effort, time and postage. So far the voluntary approach to joint dues has been only mildly successful. It is obvious that a strong, unified profession of pharmacy requires full support of both the local and state societies. At present there are many unaffiliated pharmacists who feel justified to criticize and lament, but who have not assumed the responsibilities of a professional person to join and participate in their profession's campaigns to achieve progress. In addition, there are those who half-heartedly give lip service by supporting either their local or state group and not both. The only hope for pharmacists to influence the course of events affecting the practice of pharmacy is through effective pharmaceutical organizations. The support given by pharmacists in the past and at present is not adequate to establish associations which can perform all that pharmacists believe necessary. Sixty horsepower motors cannot provide the power for 400 horsepower requirements.

What are the tasks that require strong associations — associations that can only result from pharmacists providing adequate funds and competent and sufficient staffs?

Pharmacy, in order to remain a free, independent profession, must assume vigorous leadership roles in every program affecting drugs and pharmaceutical services. Governmental and group medical care programs are only in their infancy in this country. If we do not have the plans, the creative ideas, the programs and the farsighted, courageous leadership, then others will step in from outside the profession to an even greater extent than in the past.

In order for pharmacy to succeed in guiding its own destiny, the motivating factor must be the public interest underlying all our proposals. The lay public and government officials are too alert to permit self-interest alone to prevail.

In the coming months and years, we must in our enlightened self-interest, take the steps to assume leadership roles in medical care, mental health, all third party payment plans, and all programs affecting the health needs of our citizens. The Maryland Pharmaceutical Association has been working and will continue to work to see that all pharmaceutical services will be provided the public through the professional services of pharmacists with free choice of pharmacist to all in the interest of public health.

With the dedicated support of every pharmacist in the State, we can continue to fight for this objective and to advance steadily toward its realization. This is a challenge—and also an opportunity. Will all of you step up and meet it?

Nathan I Gruz

Executive Secretary

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301 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

— NOTICE —

The Maryland Board of Pharmacy will conduct an examination for registration as Pharmacists at the School of Pharmacy, University of Maryland, 636 West Lombard Street, Baltimore, Maryland.

On Wednesday, Thursday and Friday
November 3, 4, and 5, 1965

The examination will begin at 8:00 A.M. each day.

The Maryland Board of Pharmacy conducted an examination for registration as Pharmacists at the School of Pharmacy, University of Maryland, 636 West Lombard Street, Baltimore 1, Maryland, on June 21, 22, 23, 1965.

Pharmacy Changes

MAY

New

Super Giant Pharmacy, J. B. Danzansky, Pres., 1925 E. Joppa Road, Baltimore, Maryland 21234.

Super Giant Pharmacy, J. B. Dnnzansky, Pres., 5901 Reisterstown Road, Baltimore, Maryland 21215.

No Longer Operating As Pharmacies

Paul's Pharmacy, Henry G. Seidman, Prop., 7201 Harford Road, Baltimore, Maryland 21214.

JUNE

New

Northview Pharmacy, Maurice E. Brill, Prop., 9632 Belair Road, Baltimore, Maryland 21236.

No Longer Operating As Pharmacies

Ellicott City Drugs, Inc., Milton Sarubin, Pres., 97 Main Street, Ellicott City, Maryland.

Gleiman's Drug Store, Irvin J. Gleiman, Prop., 1939 Madison Avenue, Baltimore, Maryland 21217.

Grossman's Drug Store, Benjamin B. Grossman, Prop., 1655 N. Monroe Street, Baltimore, Maryland 21217.

Harrison's Hamilton Pharmacy, Thomas C. Kleczynski, Prop., 5003 Harford Road, Baltimore, Maryland 21214.

Knight & Andrews, Inc., Reuben B. Moxley, Pres., 2600 Frederick Avenue, Baltimore, Maryland 21223.

Change of Ownership, Address, Etc.

Allen Drugs, Inc., Morris Shenker, Pres., 1 E. Mill Bottom Road, Route #50, Revell Highway, Annapolis, Maryland. (Formerly located at 1027 West Way, Glen Burnie, Maryland).

Chase Pharmacy, 1101 N. Calvert Street, Baltimore, Maryland 21202. (Formerly located at 17 West Chase Street, Baltimore, Maryland 21201.)

Green's Pharmacy, Jerrold Bress & Arthur Levin, Props., 18 W. Belair Avenue, Aberdeen, Maryland. Formerly Irvin's Pharmacy, John M. Irvins, Prop.)

Redmond's & MacLarty's Pharmacy, D. MacLarty & N. Redmond, Props., 4032 Falls Rd., Baltimore, Maryland 21211 (Formerly Falls Rd. Pharmacy, Howard Mandel, Prop.)

Riggs Manor Pharmacy, B. Prensky & S. Kouzel, Props., 6573 Ager Road, West Hyattsville, Maryland. (Changed from individual ownership to partnership).

Rockville Drugs, Joel Shulman, Pres., 1069 Rockville Pike, Rockville, Mary-

(*Continued on Page* 618)

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School of Pharmacy, U. of M., News . . . . . .

Alumni Association, School of Pharmacy, University of Maryland

By B. OLIVE COLE
Chairman, Publication Committee

The 38th Annual Banquet and Dance of the Alumni Association of the School of Pharmacy of the University of Maryland was held on Thursday evening, June 3, 1965 at Emerald Gardens, Baltimore, with an attendance of 325 persons, including graduates of 1965, their parents and friends.

President Robert J. Kokoski presided. The Invocation and Benediction were given by the Reverend John B. Peacock of Our Lady of Victory Church, Arbutus.

President Kokoski introduced the guests of the evening.

Dr. R. Lee Hornbake, Vice President of Academic Affairs, brought greetings from the University of Maryland to the 1965 graduates.

The Honored Alumnus Award was presented to Mr. Francis S. Balassone by Alexander J. Ogrinz, Jr., who enumerated the many activities and accomplishments of the recipient, who responded with appreciation and thanks.

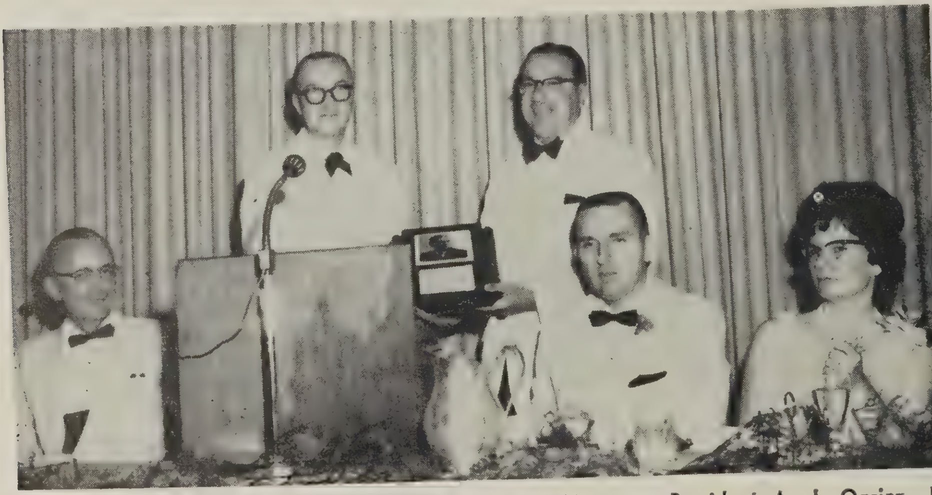
In presenting the award to Mr. Balassone, Alexander J. Ogrinz, Jr., honorary president of the alumni association, characterized him as a man "who starts at the bottom and spirals to the top".

"When he came to the University of Maryland he became president of his class", Mr. Ogrinz said. "He went into military service as a private and emerged as a captain. He is now president of the National Association of Boards of Pharmacy—the first Marylander to be elected to this office in 30 years".

President Kokoski presented the Honorary President's Award to Mr. Alexander Ogrinz, Jr., who responded with thanks for the privilege and pleasure of the honor.

Telegrams were received from Vice-President Hubert Humphrey and Governor J. Millard Tawes, regretting their inability to attend.

Dean Noel Foss presented the members of the Class of 1965, who were



F. S. BALASSONE receives Honored Alumnus from Honorary President A. J. Ogrinz, J
Seated left to right: Dean Foss, Alumni Assocation President and Mrs. Kokoski.

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DR. AUSTIN SMITH

guests of the Alumni Association, and Mr. Richard L. Cysyk, President, thanked the Association for the pleasures and assistance accorded the Class.

Dr. Austin Smith, President of the Pharmaceutical Manufacturers Association, was the guest speaker of the evening and brought a serious message of interest to the Class of 1965 and the members of the Alumni Association

Mr. Milton A. Friedman, Chairman of the Executive Committee of 1964-65, was presented a Certificate of Appreciation for outstanding meritorious service to the Alumni Association during the year.

Certificates signifying graduation fifty years ago will be sent to the following:

John T. Meeth
Benjamin Mellor
Jaime A. Parlade
Harry H. Showacre
Norman S. Storm

Dr. Frank P. Firey of Portland, Oregon, was recognized as having graduated from the School of Pharmacy sixty years ago. Several groups of class reunions were recognized by the presiding officer.

Dr. Samuel Fox announced that Mrs. Bessie Myers, her five sons, all graduates of the School of Pharmacy, and their wives were present and Dean Noel E. Foss presented Mrs. Myers with a ceramic mortar and pestle as a momento of the occasion.

The following officers for 1965-66 were installed:

Hyman Davidov—Honorary President
Harold P. Levin—President
Aaron M. Libowitz—First Vice-President
Casimer T. Ichniowski—Second Vice-President
Frank J. Slama—Secretary
H. Nelson Warfield—Treasurer

Executive Committee

Dr. Robert J. Kokoski, Chairman
John Fader, II
Paul Gaver, III
Nathan I. Gruz
Bernard Lachman
Harry Wille
Solomon Weiner

Members of the General Alumni Association of the University of Maryland:

Hyman Davidov
Sam A. Goldstein
Frank J. Slama

Alternates

James P. Cragg, Jr.
Harold P. Levin
Robert J. Kokoski

The Past President's Award was presented to Dr. Robert J. Kokoski by the newly installed president Harold P. Lexin.

Jay Herman's Orchestra provided the music.

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University of Maryland School of Pharmacy News

In addition to the Annual Dinner Dance in honor of the graduating class, sponsored by the Alumni Association, other pre-commencement activities were held.

GEORGE B. GRIFFENHAGEN

The Honors Convocation was conducted in the Health Sciences Library Auditorium Tuesday, June 1st. The students were addressed by Mr. George B. Griffenhagen, Director, Division of Communications of American Pharmaceutical Association.

The senior class held its prom on June 2nd at the Tail-of-the-Fox in Towson. Graduation exercises were held June 5th at College Park.

A.Ph.A.—M.P.A. Student Branch

The joint student branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association at the University of Maryland School of Pharmacy elected the following officers for 1965-1966:

President—William Edmondson
Vice President—Patrick Trost
Secretary—Stephen Buckner
Treasurer—John Newcomb

HONORS CONVOCATION

Outstanding students in pharmacy were recognized at the Twelfth Annual Honors Convocation held by the University of Maryland School of Pharmacy.

Prizes and awards were made to the following students:

Gold Medal for General Excellence: Gerald Marvin Rachanow - Randallstown, Maryland.

Certificates of Honor: Richard Louis Cysyk—Baltimore.
Charles John Schutz—Baltimore
Michael Joseph Walsh—Baltimore

The William Simon Memorial Prize: Gerald Marvin Rachanow

The Andrew G. DuMez Medal: Gerald Marvin Rachanow

The L. S. Williams Practical Pharmacy Prize: Richard Louis Cysyk

The Conrad L. Wich Pharmacognosy Prize: Cornelius Bennett Williams, Jr. —Ellicott City, Maryland

The Wagner Pharmaceutical Jurisprudence Prize: Michael Joseph Walsh.

The David Fink Memorial Prize: Cornelius Bennett Williams, Jr.

The Phi Alpha Chapter, Rho Pi Phi Fraternity Cup; Richard Louis Cysyk

The Kappa Chapter, Alpha Zeta Omega Prize: Charles John Schutz

The Epsilon Alumnae Chapter, Lambda Kappa Sigma Sorority Prize: William Robert Elliott - Salisbury, Maryland

The Merck Award to an outstanding student in pharmacy: Ralph Morton Sollod—Baltimore

The Rexall Drug Company Award for outstanding achievement: Michael Joseph Walsh.

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Miss Darago Wins Award in Pharmacy

Miss Lillian Louise Darago, a Ph.D. candidate at the University of Maryland School of Pharmacy, has won second prize for the southern region in the annual Lunsford Richardson Pharmacy awards for her report on research relating to the action of the parathyroid hormone.

Miss Darago, who received her master's degree from the University of Maryland School of Pharmacy, will be presented with a certificate, a symbolic mortar and pestle, and a cash award.

She is conducting her research under the direction of Dr. Leslie C. Costello, head of the pharmacy school's department of anatomy and physiology. She is also enrolled in the department of physiology of the University's School of Medicine. A native Baltimorean, Miss Darago is a graduate of Goucher College.

(Continued from Page 610)

land. (Formerly located at 214 E. Montgomery Ave., Rockville, Maryland).

Shupe's Pharmacy, Walter P. Mackay, Prop., 139 E. Main St., Frostburg, Maryland. (Formerly owned by Maxwell Agnew).

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Message To 1965 Graduates Of The University Of Maryland School Of Pharmacy

NATHAN I. GRUZ
Executive Secretary
Maryland Pharmaceutical Association

Prepared for presentation at the
1965 Fifth Year Class Assembly

I am delighted to have this annual opportunity to speak to the graduating class. Nothing affords me greater satisfaction than working with the students of the School of Pharmacy. I wish it were possible for me to devote more time during the year to contacts with you for I have found the experience stimulating and rewarding.

It helps to maintain a fresh look on pharmacy 26 years after graduation.

"What does the Association do for me?" That is a question we often hear. However, we hear the question not from those who participate in the affairs of the Association, but from the parasites who want the benefits of a professional organization, not the obligations.

Almost every accomplishment for progress in pharmacy in Maryland has been made through the organized efforts of dedicated pharmacists united in their state professional society—the Maryland Pharmaceutical Association.

Legislation has been obtained during the past few years which has established certain ethical standards of conduct. Advertising of prescription drugs and references to prescription prices has been prohibited. Claims of professional superiority have been prohibited.

Close liaison has been developed with the medical and dental professions which have enabled pharmacists to attain professional recognition as fellow practitioners on the health team.

We have inaugurated the Swain Professional Pharmacy Seminar and the Simon Solomon Pharmacy Seminar as part of our concern to provide continuating education programs for pharmacists.

The Maryland Pharmaceutical Association is deeply involved in the establishment of proper policies for pharmacy services in governmental and group pharmacy services. Through these efforts we obtained increased fees for medical care prescriptions effective this July. This increase amounts to an additional appropriation by the Legislature of $194,000. in fees alone to pharmacists in Maryland. This program involves about 1-½ million prescriptions annually and is increasing rapidly.

Prescription prepayment plans are being studied and will be an important part of our convention program at the end of June.

One thought I would like to emphasize is the concept of *one* profession.

If you ask, "What can I do for the Association and my profession?" you will readily find the answer to "What does the Association do for me?".

Whether a pharmacist is a community or hospital pharmacist, employer or employee—whatever his status or specialty—we are all in *one* boat. What affects *one*, affects *all*.

If we obtain proper consideration fo pharmacy, *all* benefit *regardless* of his individual situation. Likewise any practice by one pharmacist detrimental t pharmacy is destructive to all.

The decisions *you* will make will influence the course of pharmacy. Yo can choose employment which promote pharmacy as a free, independent pharmacy, or you can choose a career whic degrades pharmacy. It is up to you.

You can help advance pharmacy b affiliating with your fellow pharmacist or you can stand on the sidelines an criticize.

It would be time consuming to a tempt to enumerate all the M.P.A. a tivities and services that we provide. T

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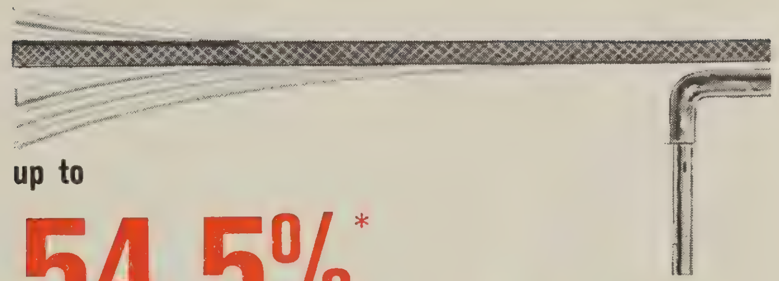

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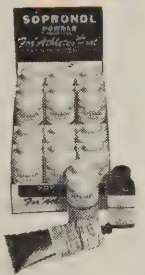

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mention a few, we have an employment service, provide legal counsel on pharmaceutical matters, and an insurance program which includes life, health and accident, major medical and retirement plans.

Working with the Maryland Pharmaceutical Association are the local pharmaceutical associations, which are engaged in activities at the grass-roots level. During the past two years, we have completed the organization of local groups throughout the state. In 1964, the last area was organized with the establishment of the Tri-County Pharmaceutical Association in the Frederick-Hagerstown area.

The largest local group is, of course, the Baltimore Metropolitan Pharmaceutical Association, which has a combined office with the Maryland Pharmaceutical Association. We are trying to promote the idea of reciprocal membership between all the local and state societies. The Eastern Shore Pharmaceutical Society is the first to require membership in the M.P.A. in order to be a member.

Pharmacy in Maryland can progress only if every pharmacist supports his professional state society — the M.P.A.— along with his local association, and thereby provides the resources and staff to do the job all of us would like to see done.

The Kelly Building next door will always be open to you. Do not hesitate to contact us or visit me, at any time we may be of assistance. We welcome you into our ranks.

Good luck and best wishes from your colleagues.

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Paul H. Friedel, Chairman
Joseph Muth
George A. Kommalan, Board Advisor
L. Scott Grauel

Volume 23 JUNE 1965 No. 8

T.A.M.P.A.

The Pre-Cenvention TAMPA meeting was held on Saturday, June 5, 1965 at Longley's Restaurant, Towson Plaza in Towson, Md. All committee chairmen gave their reports of their committees.

Among guests were Nathan Gruz, Secretary of Maryland Pharmaceutical Association and Morris Yaffe, Second Vice President of Maryland Pharmaceutical Association.

Mr. Gruz and Mr. Yaffe, as guest speakers, informed the TAMPA members of the plans of the coming convention in Atlantic City. The important part TAMPA holds in the forthcoming convention was discussed. The activities of TAMPA working with the Baltimore and Maryland Pharmaceutical Associations were expounded on in great length by Mr. Gruz and Mr. Yaffe.

Mr. Herman Bloom, Chairman of the Entertainment Committee informed TAMPA's members of the coming "TAMPA PALACE" to be presented at the convention in Atlantic City. Details of this and other activities of TAMPA were discussed.

T.A.M.P.A. News Items

An open house was held by Paramount Photo Service and Supply, Inc., to show their customers the new photographic laboratories at 3402 Greenmount Avenue.

A large group of pharmacists, friends and T.A.M.P.A. members toured the new facilities on June 17th and 18th. The entire Bloom family were hosts for cocktails and buffet.

* * *

T.A.M.P.A. Past President Edwin M. Kabernagel, Jr. was married to Beverly Fertig on May 6th at Towson Presbyterian Church.

* * *

George Brandt, formerly with the Youngs Drug Products Corporation, has joined Loewy Drug Company as sales representative.

* * *

Julian Schmid's Imperial line of rubber gloves are sold exclusively through pharmacies. Imperial Rubber Gloves are available through drug wholesalers.

TAMPA—

During the illness of the T.A.M.P.A. Tatler correspondent, Paul Freidel, President Callahan appointed Paul J. Mahoney to report T.A.M.P.A. news. A report was received concerning the April meeting at the Grapevine Restaurant, which was attended by 40 members.

It was decided to paint the T.A.M.P.A. lectern black with gold letters in honor of T.A.M.P.A.'s fiftieth anniversary, which will be celebrated in 1966.

Preparations for the Annual T.A.M.P.A. meeting at the M.P.A. Convention dominated the remainder of the meeting.

Two new members were voted in: Sylvan Cherney of A. Cherney and Sons, and James Morrison of Hendler Creamery.

The Annual Ladies Day luncheon meeting was held on May 8th at the Greenspring Inn in Brooklandville and was acclaimed a most enjoyable and successful event.

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JOSEPH L. OKRASINSKI	NICHOLAS C. LYKOS
PHILLIP RICHMAN	ANTHONY G. PADUSSIS
MYER STOLER	MILTON SARUBIN

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

The B.M.P.A. was organized to represent the special interests of pharmacists in the greater Baltimore area. We are fortunate to have officers, committee chairmen and committee members to devote their time and effort in behalf of the entire membership. Our work is conducted in cooperation and support of other organizations such as the Maryland Pharmaceutical Association, A.Ph.A. and N.A.R.D.

All these hardworking representatives ask for the complete support of all pharmacists and the allied drug industry. From the B.M.P.A. members, these dedicated workers expect and deserve the full cooperation of all members. They look for the attendance by all of the various functions, such as the Annual Banquet, the Drug Show and the Regular Meetings.

When called upon to devote an hour or two at the M.P.A.-B.M.P.A. Professional Relations Exhibit at the Medical and Dental conventions, it would be helpful to the committee to respond.

When called upon to post a streamer on National Pharmacy Week and install a professional display, take a little time and effort.

When called upon to post a list of fall-out shelters and schedule of Medical Self-Help Courses, take a minute to do so.

The success of all these programs depends upon wide participation. Otherwise the burden falls on the "same old crowd".

All pharmacists derive benefits from the efforts of the B.M.P.A. to advance the interests of pharmacy and public health. We, therefore, urge all who have "a free ride" to join in their own best interest.

Every member should sign up a member!

Sincerely,

MARION R. CHODNICKI
President

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NEWS ITEMS . . . . . .

University Of Maryland School Of Pharmacy—Reunion Class of 1940—Emerald Gardens, June 17, 1965

Chairman, Irvin Kamenetz; Co-Chairman, Francis S. Balassone; Committee—Edgar M. Silberg, Matthew Cellozi, Anthony J. Kursvietis.
GUESTS: Dean and Mrs. Noel E. Foss, Dr. & Mrs. Frank Slama, Miss B. Olive Cole, Mrs. A. G. Dumez, Russel Harrington, Nathan I. Gruz, Mr. & Mrs. Herman Bloom.

University Of Maryland Educator Attends Walgreens' Seminar

Dean E. Leavitt, Assistant Professor of the University of Maryland Pharmacy College, has completed on-the-scene studies of modern drug store operations at Walgreens 1965 Seminar in Pharmacy Administration, June 16-18.

The intensive session, a "refresher" course conducted at Walgreens' Chicago headquarters, was designed as a review of recent years' retail drug field developments for educators who attended previous Walgreen seminars. Mr. Levitt had attended in 1961.

Along with educators from twelve other leading pharmacy colleges, Leavitt heard lectures by Walgreen executives on subjects ranging from successful store locations and effective sales floor design to personnel training, merchandising, expense controls and electronic data processing. They also visited Walgreens' newest Chicago area installations for on-the-spot studies.

New concepts in current retailing techniques gained in this 1965 study will be incorporated in classroom study this fall to further help prepare students for successful pharmacy management careers.

Attend and Learn

4th Annual—

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PHARMACY ECONOMICS SEMINAR

Thursday, December 2, 1965

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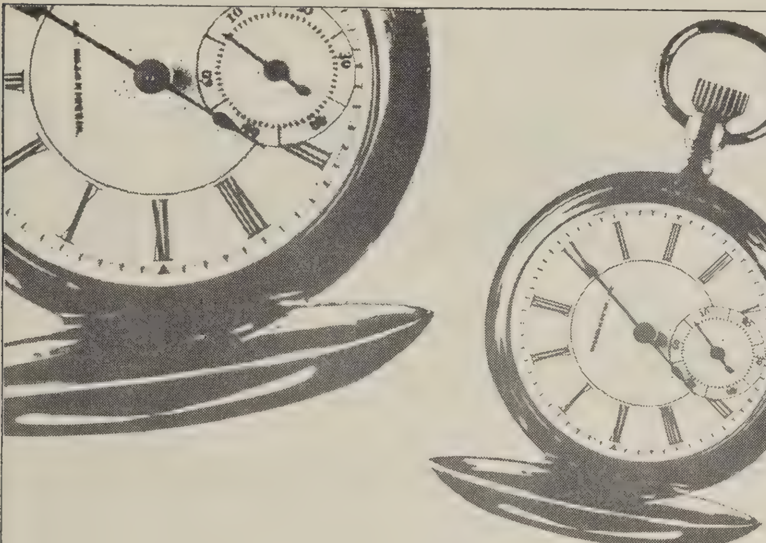

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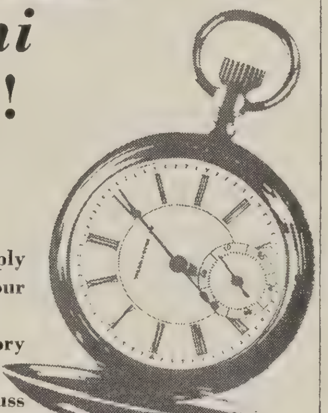
. . . and show you how to take advantage of the new tax law!



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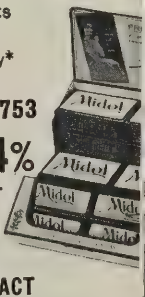
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750	Bayer Aspirin	12's 24's 50's 100's 300's	2 2½ 2 2½ ⅓	$57.60	708	Campho-Phenique Liquid Campho-Phenique Liquid Campho-Phenique Powder	1 oz. 2 oz. 2 oz.	2⅓ ½ ¼	$19.93	753	Midol Midol	12's 30's	2 1	

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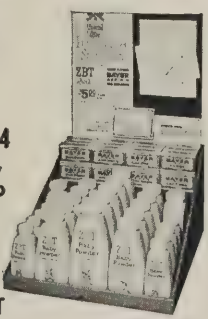

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Bayer Aspirin for Children	50's	2	$24.07
ZBT Baby Powder	4 oz.	8/12	
	9 oz.	1	
	12½ oz.	5/12	

CODE	CONTENTS	SIZE	DOZ.	TOTAL RETAIL
717	Phillips' Milk of Magnesia—Regular	4 oz. 12 oz.	8/12 1	$37.86
	Phillips' Milk of Magnesia—Flavored	4 oz. 12 oz.	4/12 6/12	
	Phillips' Tablets	75's	2	
	Included as free goods ⟶	30's	1	

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Kappa Psi Award to Dr. Goldstein

DR. SAMUEL W. GOLDSTEIN

The Grand Council of Kappa Psi Pharmaceutical Fraternity awarded a Certificate of Appreciation to Dr. Samuel W. Goldstein for his "outstanding contributions to the literature of American Pharmacy". The award was presented at the A.Ph.A. annual meeting at Detroit, Michigan.

Dr. Samuel W. Goldstein, a native Baltimorean, received his pharmaceutical training at the University of Maryland School of Pharmacy and in Baltimore pharmacies. He is a registered pharmacist in the State of Maryland. He was an instructor in the pharmacy and chemistry departments of the School of Pharmacy from 1927 to 1936. He received the Ph.G., Ph.C., and B.S. degrees from the School of Pharmacy, and obtained the M.S. and Ph.D. degrees for advanced studies and research in the Graduate School of the University of Maryland.

Dr. Goldstein was the pharmaceutical chemist at the Maryland State Health Department (1936-1951). He was Director of the A.Ph.A. Laboratory (1951-1960), Associate Editor of the Practical and Scientific Editions of the A.Ph.A. Journal and of Drug Standards, in Washington, D.C. (1954-1960).

He is Assistant Director of the A.Ph.A. Scientific Division and is Associate Editor of the Journal of Pharmaceutical Sciences. His researches and publications attest to his continued and energetic interest in the profession of pharmacy and its practitioners. He is particularly known for his publications on compounding practices.

Dr. Goldstein has published more than 80 papers in scientific and professional journals. He has been an assistant editor for Remington's Practice of Pharmacy (1961) and Remington's Pharmaceutical Sciences (1965) (Chapter on Metrology) and for 27 years he was an abstractor for Chemical Abstracts. Dr. Goldstein has been active in the revision programs of the National Formulary and has been Secretary of the revision committee for N.F. X, XI and XII.

He was president of the Baltimore Branch of the A.Ph.A. He was Secretary and Chairman of the Section on Practical Pharmacy of the A.Ph.A., and is now Secretary of the A.Ph.A. Academy of Pharmaceutical Sciences. Dr. Goldstein is a member of the Maryland and American Pharmaceutical Associations, the American Chemical Society, a Fellow of the American College of Apothecaries, and is a member of the Rho Chi and the Sigma Xi Societies.

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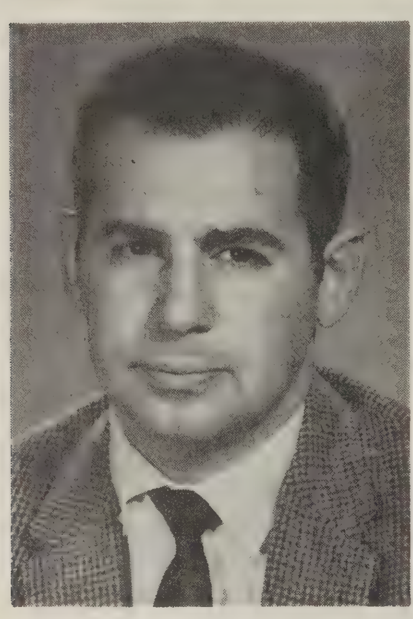
ICE CREAM

Dr. Costello Appointed University Professor



The promotion of Dr. Leslie C. Costello to full professorship in the University of Maryland School of Pharmacy, effective July 1, was announced by Dr. Noel E. Foss, dean of the school.

Dr. Costello, a native of New York City, received all his higher education at the University of Maryland. In 1952 he obtained a B.S. in zoology with minors in chemistry and physiology; in 1957 he earned his Ph.D. in zoology (parasitology and physiology); and in 1960 he did postdoctoral work in radiochemistry.

He became associated with the university in a teaching capacity in 1952. Since 1960 he has been associate professor and head of the department of anatomy and physiology. Among the courses he initiated and taught were cellular physiology, radioisotope techniques, and research in physiology.

Dr. Costello has published more than 20 scientific articles and presented about 15 papers, mainly in the fields of parasitology and endocrinology.

Grants from NIH, NASA, AEC, and NSF have enabled Dr. Costello to continue his researches in enzymes and the relationship of metabolism to the embryological development of Ascaris lumbricoides.

* * * *

Dr. Costello Awarded Research Grant

Why would the National Aeronautics and Space Administration have any interest in the life cycle of intestinal roundworms (Ascaris lumbricoides)? It seems like a long stretch of the imagination to bridge the gap between those minuscule forms of parasitic life and the Space Age.

Dr. Leslie C. Costello, professor and head of the department of anatomy and physiology at the University of Maryland School of Pharmacy, has recently received a $37,000 grant from NASA for continuation of his roundworm metabolic studies.

In an interview Dr. Costello said, "In order to study the situations that exist in space and in the environmental conditions that are found on other planets, we have to use the biological materials we have here on earth.

"One such relationship which is of great importance is the change in availability of oxygen on earth and its gradual diminution as we move out into space. We want to study the reactions of cells and tissues to such changes and this requires the use of proper biological materials. Ordinarily, in order to determine the responses of cells, tissues, or organisms to the presence or absence of oxygen two different organisms would be used—one aerobic (flourishing in the presence of oxygen) and another anaerobic (flourishing in the absence of oxygen).

"However, by using two species, other variables would be introduced in addition to the presence or absence of oxygen. This is what we call species differences.

"The beauty in working with ascarids is that here, in one species, we have the complete cycle of aerobic and anaerobic existence—a situation that's met in the venture of exploring space from here on earth.

"What we are trying to understand is the exact mechanism by which these transitions are made. We are investigating the effect of the changing environment on the evolution, embryology, and development of the roundworm."

Previous studies by Dr. Costello and his colleagues indicate that there are great changes in the metabolism of eggs during their development, particularly in the action of the enzymes associated with the egg's ability to use oxygen. Dr. Costello calls it "an exploration of the end of the metabolic pathway".

The adult form of the worms live in the intestine. During this stage of their development they live without oxygen. In contrast, the eggs which are produced by the adults must pass outside the body into an environment of oxygen (in air) before development will be initiated. The subsequent embryological and development activities require oxygen. Consequently, there exists a shift from aerobic to anaerobic modes of life in this organism.

Essential to this process are enzymes which act as catalysts. These enzymes are chemicals that regulate and control the metabolism of the cell. Changes in enzyme activities will bring about changes in the activities and development of the cells.

The laboratory receives adult female worms found in the intestine of pigs. They are not harmful to human beings. The fertilized one-celled eggs are carefully dissected out of the reproductive tract. When placed in an incubator at 30° Centigrade they immediately begin to develop. Since full development takes about 25 days, this is an opportunity to study various stages of embryonic growth.

These space-inspired studies have another possible application in the understanding of cancer cells. Marked changes in cell metabolism occur in tumor development. The possible environmental changes that trigger cell growth are of great significance in understanding the nature of the rampaging cells. Here's where the ascarids' transformation from egg to worm may provide some valuable clues.

Knowledge of the basic nature of biochemical changes may lead to insights into the relationship of environmental effects which would be associated with problems concerning radiation, tissue fluids, the atmosphere, and the action of drugs.

Dr. Costello concludes, "You might say we are studying the effect of environment on cellular activities. It may eventually be possible to bring about necessary changes in metabolism and in enzymes as altered by environmental conditions".

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Dr. George P. Hager Elected President of the American Association of Colleges of Pharmacy

Dr. George P. Hager, Dean of the University of Minnesota College of Pharmacy, who was elected president of the American Association of Colleges of Pharmacy for 1965-66, is a native of Baltimore. He graduated with honors from Baltimore City College and from the University of Maryland School of Pharmacy in 1938. Along with the B.S. degree he was awarded the General Excellence Medal, American Pharmaceutical Association Membership Prize. In 1937 he was elected to Rho Chi Honorary Pharmaceutical Society.

Following a year of graduate study at the University of Colorado, he enrolled in the graduate school of the University of Maryland, receiving his M.S. degree in 1940 and the Ph.D. degree in 1942. His major was pharmaceutical chemistry with minors in pharmacology and microbiology. He then spent a year as a post doctoral fellow in biochemistry at Northwestern University.

From 1942 to 1945 Dr. Hager was employed as a research organic chemist at the Lilly Research Laboratories. His work included research on penicillin, adrenal—cortical hormones and synthesis of other chemotherapeutic agents.

He was appointed Assistant Professor of Inorganic and Organic Chemistry at the University of Maryland School of Pharmacy in 1945, becoming professor and head of the Department of Pharmaceutical Chemistry in 1948. During this time he was also a consultant to manufacturing firms and the Chemical Corps.

Dr. Hager served as senior scientist with Smith Kline & French Laboratories from 1955 to 1957, working in the field of correlation of molecular structure with biological activity and the development of electronic aids in handling scientific information.

In 1957 he was appointed to his present position.

Dr. Hager has served on a long list of scientific committees and as a consultant on governmental panels.

His professional associations include American Chemical Society, American Pharmaceutical Association and American College of Apothecaries. He served as chairman of the Committee on Ethics for the committee on intra-professional relations of the Minnesota State Pharmaceutical Association.

He is a co-author with Doctors Jenkins and Christian of "Quantitative Pharmaceutical Chemistry" and more than 50 articles in publications.

Dr. Hager's outside activities include Chairman of the Board of Management of the University Branch-Y.M.C.A.; Board of Regents Augsburg College; Medical Needs Committee; Rotary Club of Minneapolis and Mayors Narcotic Committee, Minneapolis.

The number of highway deaths in 1964 soared to 48,000. In addition, 3,840,000 persons were injured.

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Godfrey D. Kroopnick Active in Civic Affairs

Godfrey D. Kroopnick, Baltimore pharmacist, was elected to the Advisory Board of the Mt. Royal Improvement Association for a six year term. Together with Rev. David Moore, representing the John Eager Howard Community Council, which consists of eleven neighborhood organizations, he appeared before both the Park Board and the Bureau of Recreation for a supervised playground instead of a park in the immediate area on Brookfield Avenue, Ducatel Street and Linden Avenue. The fight was won, and the city will spend $400,000 for a supervised playground next to the John Eager Howard School, on which the city has already spent about a million dollars for improvements.

Mr. Kroopnick is a delegate to the Mt. Royal - Fremont Area-Wide Council, of which Dr. Hans Froelicher, Jr., of Bolton Hill, head of Park School, is President. Mr. Kroopnick represents the Lake Drive section in this council which covers the area of about 1000 acres, with 109,000 population. The area involved is Lake Drive on the north, Mt. Royal on the east, Mulberry St. on the south, and Fremont Ave. on the west. This Mt. Royal - Fremont area wide council intends to improve the physical, social, housing, and economic conditions in this area where tremendous changes are being made.

Mr. Kroopnick was recently awarded a Certificate of Merit by the John Eager Howard Community Council for voluntary community service. He recently spoke before the Brookfield Improvement Association and the Druid Community Council on the subject of "Our Neighborhood Problems".

In 1963, Mr. Kroopnick was elected president of the Whitelock Business, Professional and Property Owners Association.

Mr. Kroopnick is co-owner with Irving Freed in the operation of the Brookfield Pharmacy for the past 39 years.

Drug Abuse Manual Published By SKF

A manual prepared specifically to help law enforcement officers in their efforts to combat the problem of drug abuse has been published by Smith Kline & French Laboratories.

The manual was prepared with the active help of an advisory panel composed of persons from pharmacy and medicine as well as law enforcement. Paul A. Pumpian, Secretary of the Wisconsin State Board of Pharmacy, represented pharmacy.

Mr. Pumpian is Chairman of the Committee on Legislation of the National Association of Boards of Pharmacy, a member of the Committee on Drug Law of the American Bar Association and served as a consultant to the President's Advisory Commission on Narcotics and Drug Abuse.

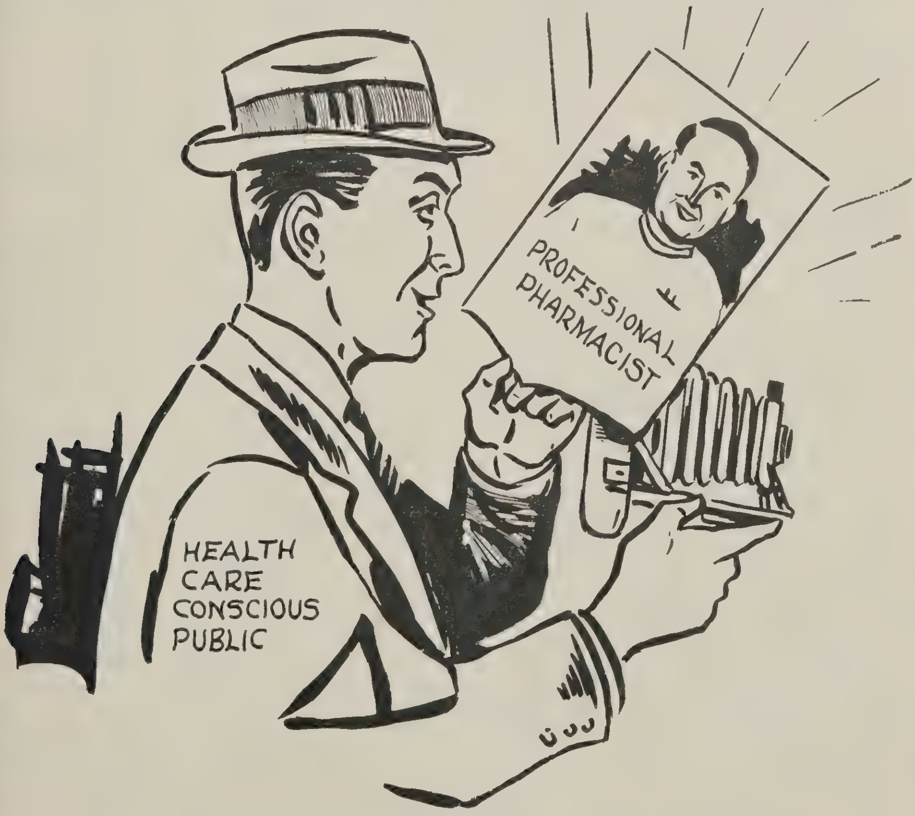
The manual is the first comprehensive approach to the subject of drug abuse for law enforcement personnel. Under preparation for more than a year, the 56-page handbook discusses drug groups subject to abuse, the drug abuser and his environment, the illegal traffic in drugs, security measures in the drug industry, drug law, investigation techniques and drug identification and contains a glossary.

Walter A. Munns, President of Smith Kline & French, said his firm undertook publication of the manual because "the goal of both the legitimate drug industry and police is to ensure that drugs are available only for medical purposes, under proper medical supervision, and are not diverted into nonmedical channels where they may cause severe damage."

Smith Kline & French also announced that members of its 500-man Speakers Bureau, most of whom are Professional Service Representatives, are equipped with a speech about abuse of drugs. The speech is suitable for presentation to lay groups and is entitled "The Hidden Sickness". Each speaker has a supply of pamphlets for distribution to members of the audiences. The pamphlet's title is "Drug Abuse: The Empty Life".

Single copies of the manual are available on request from the Law Enforcement Liaison Unit, Smith Kline & French Laboratories, Philadelphia, Pennsylvania 19101. Professional persons also can obtain quantities of the pamphlet from the Law Enforcement Liaison Unit for use in conjunction with talks on drug abuse.

Members of the advisory panel in addition to Mr. Pumpian were Harry J. Anslinger, first United States Commissioner of Narcotics and presently U. S. representative on the United Nations Commission on Narcotic Drugs; John J. Bellizzi, Director of the Division of Narcotic Control, state of New York; Michael N. Canlis, Sheriff and Coroner, San Joaquin County, California; Edward R. Bloomquist, M.D., a member of the Committee on Narcotics and Alcoholism of the American Medical Association, the Committee on Dangerous Drugs and Committee on Adverse Drug Reactions of the California State Medical Association and the Committee on Narcotic Addiction of the Los Angeles Medical Association; Henry Brill, M.D., Director of Pilgrim State Hospital, New York, a member of the A.M.A. Committee on Narcotics and Alcoholism and a member of the National Research Council Committee on Narcotic Addiction, and Bernard L. Garmire, Chief of Police in Tucson, Arizona.



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FIRST MARYLAND CAREERS OPPORTUNITY EXPOSITION, Civic Center, Baltimore. Left to right: Larry L. Augsburger, Dr. Frank J. Slama and Marvin I. Gammerman.

New York Medical Researcher Finds Ways to Measure and Correct Respiratory Deficiency

The effects of emphysema, the dread lung disease of modern, urban man, are not irreversible. Patients properly treated with an aerosol-delivered bronchodilating drug attain increased airflow in previously obstructed lung airways, according to Dr. Stephen Ayres, Director of the Cardiopulmonary Laboratory, St. Vincent's Hospital and Medical Center in New York.

The emphysema patients who were studied, Dr. Ayres said in an interview published in the May issue of *The Allergic Patient,** obtain up to 25 per cent improvement in airways conductance under the treatment he employs, while asthmatics—"those with bronchospastic disorders"—have 75 per cent improvement.

The bronchodilating drug Dr. Ayres employs he identified as "isoproterenol (Isuprel)."

A.Ph.A. General Practice Academy Officers Appointed

The Officers and Regional Representatives pro tem of the American Pharmaceutical Association's Academy of General Practice of Pharmacy have been appointed by the A.Ph.A. Council.

Serving until permanent officers are elected and installed will be President, Raymond L. Dunn of Connecticut; President-elect, Martin Golden of Delaware; Vice President, Thurman H. Miller of Indiana; and Secretary, John T. Fay, Jr. of Washington, D.C.

Maryland is part of Region I, which includes the following representatives and states: George D. Denmark (Massachusetts) and Charles R. Ertelt (Connecticut). Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont.

Project Head Start

A massive effort to improve opportunities for growth and development of preschool children from deprived families has been launched by the Office of Economic Opportunity.

From the time of conception, poverty can retard and distort physical, intellectual, social and emotional development. Health care for children of the poor usually is inadequate; immunizations frequently are incomplete; undetected and uncorrected physical defects handicap children in their adaptation to school; in the midst of food surpluses, nutrition is far from adequate.

Social experiences of these children are limited; often they are hampered in their ability to communicate, especially orally. Usually there is little or no opportunity to learn to enjoy art, music and literature, and motivation for learning often is limited. By the time they reach school age, repeated social and communicative failures and rejections may result in an acute lack of self-confidence.

The unique aspect of Head Start is the incorporation of a triad of health and medical services, social welfare services and preschool education in a single Child Development Center, instead of the traditional poorly coordinated separate programs at different locations.

Specific goals of Heart Start are to:

- Improve health and stimulate emotional and social development.
- Improve and expand mental processes in order to extend the ability to reason and to speak clearly.
- Erase patterns of frustration and failures by providing frequent opportunities for success.
- Stimulate a desire for learning.
- Strengthen family unity by promoting understanding between parents and children.
- Develop a responsible family attitude toward society.
- Offer opportunities to meet teachers, policemen, health and welfare officers —all figures of authority—in situations which will inspire respect instead of fear and distrust.
- Afford an opportunity for association with older children, teenagers and adults who will serve as "models" for manners, behavior, speech and grooming.
- Help children and their families to acquire greater confidence, self-respect and dignity.

It is expected that local health departments, all physicians who have a special interest in child health and all other medical personnel will take an intense interest in this program which offers an exciting opportunity to interrupt the cycle of poverty by placing emphasis at the critical point of early development of the individual.—Maryland State Department of Health Bulletin, May - June 1965.

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X-Ray Visualization Of Tablet Disintegration In Humans

Incorporation of barium sulfate pellets into compressed tablets and subsequent X-ray visualization of the tablets in human subjects constitute a procedure for determining **in vivo** tablet disintegration time.

The method was developed by Wallace H. Steinberg, Gunther H. Frey, Joseph N. Masci, and Hastings H. Hutchins at the Johnson & Johnson Research Center in order to formulate and evaluate an antacid tablet which would disintegrate in the human stomach in about 30 minutes. Their report appeared in the May issue of the American Pharmaceutical Association's *Journal of Pharmaceutical Sciences.*

In addition to evaluating their particular tablet, the authors point out that the technique provides a method of correlating disintegration time as determined by the official *in vitro* procedure with the actual time in humans. It is simple and should be adaptable to most compressed tablets.

The test provided by the official compendia to determine *in vitro* disintegration time is not always a reliable indication of actual *in vivo* drug release. Therefore, *in vitro* dissolution rates and *in vivo* blood level studies have been used for further evaluation of drug availability.

The initial antacid tablet prepared by the authors disintegrated in 30 to 40 minutes by the *in vitro* USP XVI method. Since the antacid provided no blood level, other means were needed to confirm this time in humans.

Several methods were tried with poor results before the barium sulfate pellet technique was used successfully. Barium sulfate pellets, specially prepared, were mixed with the preliminary tablet granulation, and the resulting granulation was compressed. A dose of two tablets was given to each of 25 patients, and periodic X-rays were taken. The results of the X-rays showed that both tablets, which had disintegrated within 40 minutes by the official method, were still intact after two hours in the human stomach.

Changes in the formulation resulted in a tablet with an *in vivo* disintegration time of about 30 minutes. The *in vitro* disintegration time of this tablet was about 10 minutes.

The authors found that the majority of X-rays showed the two ingested tablets remained close together and their position stayed unchanged often for long periods. They concluded that the agitation conditions of the stomach are of a low order of magnitude and much less than the "vigorous action obtained using the current official *in vitro* disintegration procedure."

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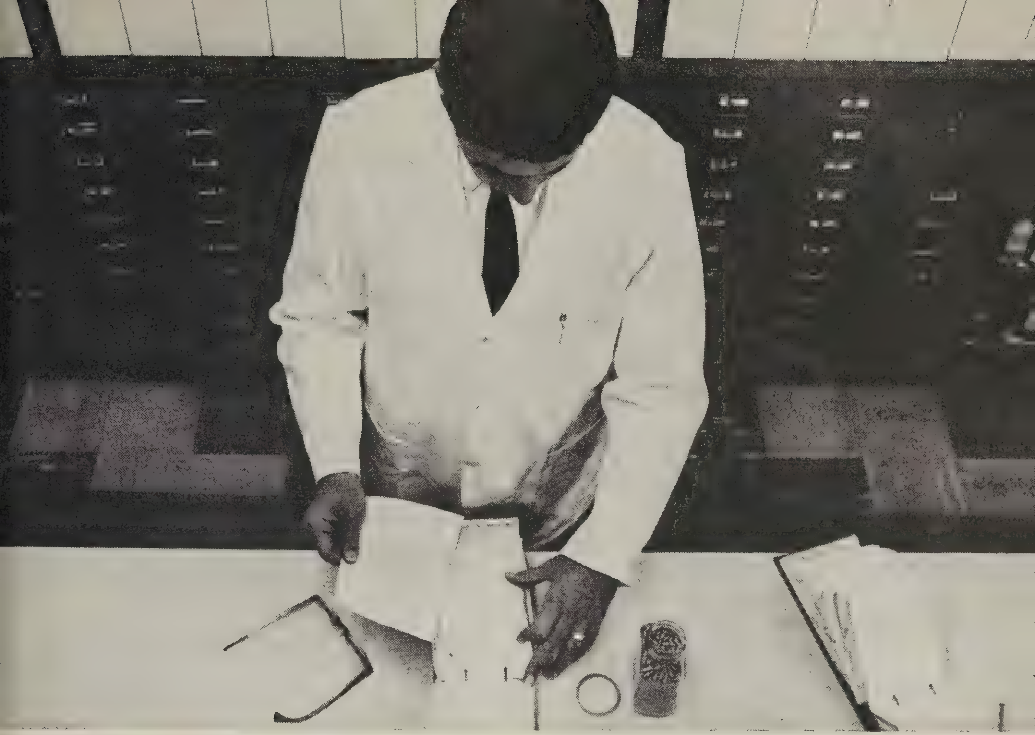

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*Figures are from the National Prescription Audit, General Information Report, College Edition, prepared by R. A. Gosselin & Co., pharmaceutical market research organization.

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Early Diagnosis Can Prevent 92,000 Deaths This Year From Cancer, Specialist Reports

Ninety-two thousand deaths from cancer could be prevented this year through early diagnosis by the family physician, according to Dr. Roald Grant, writing in the May issue of *The Physician's Panorama*, published by Sandoz Pharmaceuticals.

Dr. Grant, who is director of professional education for the American Cancer Society, listed four types of cancer the family physician should have constantly in mind when examining his patients—the visible, those visible with simple instruments, the palpable, and the inaccessible except by x-ray or other special examination.

Of the four types, he writes:

"A provocative, although not orthodox approach to the detection of cancer in the doctor's office is to think of the disease as follows:

"1. Visible: skin, lips, mouth, tongue, vulva, penis.

"2. Visible with simple instruments: vagina, anus, rectum, sigmoid, cervix uteri, larynx, nasopharynx.

"3. Palpable: breasts, rectum, prostate, uterus, ovaries, bones, testes, lymph nodes.

"4. Inaccessible, except by x-ray examination or special examination: liver, intestine, stomach, pancreas, lungs, kidneys, brain, bone."

Dr. Grant goes on to list seven signs of cancer for which the physician should be constantly on the alert. Calling these "danger signals" he describes them as:

"1. Unusual bleeding or discharge.

"2. A lump or thickening in the breast or elsewhere.

"3. A sore that does not heal.

"4. Change in bowel or bladder habits.

"5. Hoarseness or cough.

"6. Indigestion or difficulty in swallowing.

"7. Change in a wart or mole."

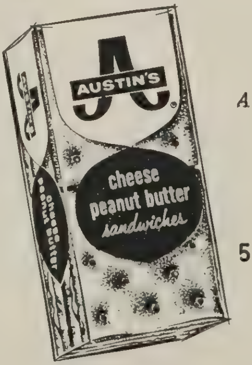
As corollaries to the seven danger signals, Dr. Grant also warned his physician readers against "the seven tragic diagnostic mistakes."

Among them he listed the assumption that a lesion, or a lump is benign. Biopsy, not assumption, is the only way to be sure, he cautioned.

Other diagnostic errors include treating a stomach-cancer patient for gastric ulcer, or a lung-cancer patient for pneumonia.

Mistaking the reason for abnormal bleeding, he noted, may lead to treating uterine cancer with hormones or failing to recognize that bleeding hemorrhoids may mask a rectal cancer.

Finally, among the seven, Dr. Grant cited the mistake of treating anemia without recognizing "that cancer may be a primary cause of blood loss . . . Cancer of the stomach and large bowel are notorious for the anemia they cause," he wrote.



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Measles Vaccination Imperative Measure

Assistant U. S. Surgeon General James L. Goddard said that physicians must become convinced of the seriousness of common measles, and he urged the routine vaccination of children against the disease,

Dr. Goddard, who is also director of the U. S. Public Health Service Communicable Disease Center in Atlanta, Ga., made these statements in an interview discussing a recent survey which revealed physician indifference to vaccination against common measles.

The survey, reported in *Modern Medicine*, showed that of 400 private practitioners questioned, about half did not consider common measles serious enough to warrant routine immunization. Further, a large number of the interviewees felt that children should contact the disease in order to develop natural immunity.

"If we are to be successful in the conquest of common measles, parents of small children must be fully convinced that measles is a serious disease and that their children must be vaccinated," Dr. Goddard said. "Physicians must be equally convinced of this and must reflect such conviction in their relationships with patients, he emphasized.

An advocate of common measles eradication through mass immunization, Dr. Goddard added: "I strongly urge the routine use of measles vaccine in pediatric practice and in the practice of all physicians who see children."

Common measles is today the most serious infectious disease of childhood. It causes hundreds of deaths annually in the United States, and many more abroad. Furthermore, its complications such as encephalitis can cause lifelong damage to children who survive.

Eradication of the disease has become possible with the advent of effective live measles vaccines. The first of these was introduced for medical use in 1963. To reduce its bothersome measles-like reactions, it has been routinely given with an accompanying injection of gamma globulin.

Last February another vaccine was introduced. It is a further attenuated live-virus vaccine which requires only a single injection, and no gamma globulin. It is also known as the Schwarz-strain vaccine after its developer Dr. Anton J. F. Schwarz, formerly head of virus research for the Pitman-Moore Division of The Dow Chemical Company and now Director of Dow Human Health Products.

Obituaries

DR. WILLIAM H. KAMMER, SR.

Dr. William H. Kammer, Sr., 78, pharmacist at Greenmount Ave. and Preston St. for the past 52 years, died suddenly at his home on June 6, 1965. He received his Phar. D. degree at the University of Maryland in 1908.

He is survived by his widow, Ardie Slaughter Kammer, to whom he had been married over 52 years, and 2 sons, William H., Jr., a physician, and F. Daniel Kammer.

He was a member of the Maryland Pharmaceutical Association.

IRVIN J. GLEIMAN

Irvin J. Gleiman, 59, died suddenly June 16th. He was the owner of Gleiman's Drug Store, Madison Ave. & Prestman St. since 1947 and managed the store (formerly Lemler's Drug Store) since 1941.

He graduated from Baltimore City College in 1924 and received his Ph.G. from University of Maryland School of Pharmacy in 1927.

He was a member of the Golden Eagle Square and Compass Club, A.Z.O. Fraternity, Maryland and Baltimore Metropolitan Pharmaceutical Associations.

He is survived by his wife, Hattie, brother, Theodore, also a pharmacist, 3 sisters, daughter, Nettie; son, Donald, and 2 grandchildren.

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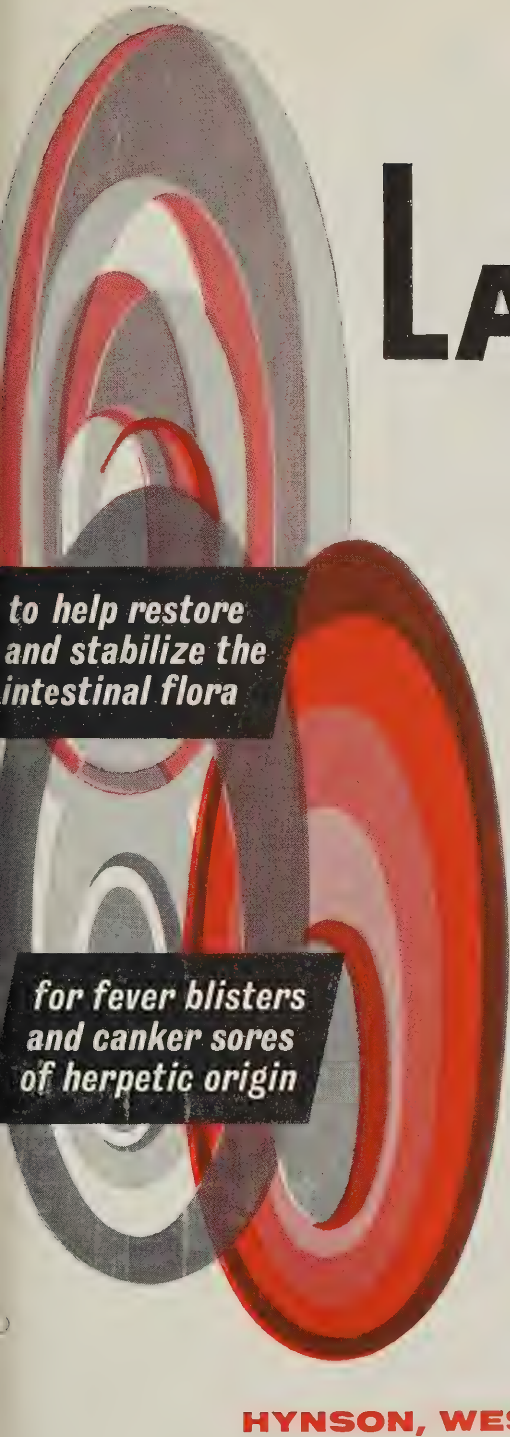
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(1) Frykman, H.M.: Minn. Med., Vol. 38, Jan. 1955. (2) Poth, E.J.: The J.A.M.A., Vol. 163, No. 15, April 13, 1957. (3) McGivney, J.: Texas State Jour. of Med., Vol. 51, No. 1, Jan. 1955. (4) Stern, F. H.: Jour. of The Amer. Ger. Soc., Vol. 11, No. 3, Mar. 1963. (5) Weekes, D. J.: N.Y. State Jour. of Med., Vol. 58, No. 16, Aug. 1958. (6) Abbott, P.L.: Jour. of Oral Surg., Anes. & Hosp. Dental Serv., Vol. 19, July 1961. (7) Weekes, D. J.: E.E.N.T. Digest, Vol. 25, No. 12, Dec. 1963.

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(See Page 679)

VOLUME XL - NO. 10

JULY 1965

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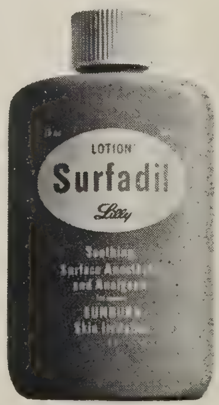

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL JULY 1965 No. 10

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TABLE OF CONTENTS

Page

652 . . . . . . Here Are Our Targets
654 . . . . . . Meet the President
655 . . . . . . The President's Message
656 . . . . . . Secretary's Script
658 . . . . . . The Chemical Evaluation of Ovulation by Arthur L. Haskins, M.D.
664 . . . . . . 1965 Convention Contributors
666 . . . . . . TAMPA Tattler
668 - 71 . . . . . . Convention Highlights (photos)
671 . . . . . . LAMPA
678 . . . . . . News Items
679 . . . . . . COVER STORY
680 . . . . . . BMPA President's Message
684 . . . . . . The Convention Address by Grover C. Bowles
689 . . . . . . Obituaries

PATRONIZE OUR ADVERTISERS

The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

Here Are Our Targets!

All of us can enumerate a long list of urgent problems which confront pharmacy today. The task of the Maryland Pharmaceutical Association—your State professional pharmaceutical society—is to be alert to all problems, to anticipate and prepare to meet those which analysis indicates are likely to develop, and to assign priorities for our attention.

With the Association's present limited staff and resources, the M.P.A. officers and Executive Committee are focusing primary efforts and time of both staff and leadership on the following urgent matters.

> *First, governmental health programs,* including the State's Medical care programs—indigent, medically indigent, MAA (Medical Assistance to the Aged), and others—and the Federal Medicare program.

In the area of the State medical program alone, there are many vital factors affecting pharmacists. Governmental medical programs are only in their infancy; they will expand rapidly in geometric progression. Changes will occur that will profoundly alter our society, our economy and, therefore, the nature of pharmaceutical practice.

The Maryland Pharmaceutical Association places the highest priority on "medical care" and "medicare". It is our public health responsibility to see that policies affecting pharmaceutical services will be adopted to provide the patients under these programs the same high standards of professional pharmaceutical service that private patients receive.

Some of the matters with which we are concerned in policy formulation include: prescribing by non-proprietary names, preauthorized items and procedures, telephoned prescriptions and fees for pharmacy services.

> *Secondly, prescription pre-payment plans.* We must see that a Statewide prescription pre-payment insurance plan administered under the professional control of pharmacists is established.

> *Thirdly, a pharmacy legislative program.* In order to meet the unprecedented challenges facing pharmacy today, our pharmacy law requires updating. If we do not assume leadership in health legislation affecting the professional practice of pharmacy and the proper safeguards for pharmaceuticals, others surely will do so. President Ogrinz refers to these needed laws in his first message, which appears in this issue.

> *Fourthly, distribution and dispensing* of dangerous perscription drugs and hazardous over-the-counter medication. Complete public health protection requires professional pharmaceutical supervision, control and responsibility.

Public health, safety and welfare require that existing laws and regulations concerning the distribution and dispensing of drugs be observed. Any situation where prescription drugs are being dispensed by anyone except a licensed pharmacist must be stopped immediately. These are unlawful acts for anyone other than a pharmacist unless performed by a physician *personally* for *his* own patients. The physician may not delegate this authority or responsibility to anyone else in his office.

These four broad, major issues are complex and have many ramifications. Proper attention to these matters and their resolution in a manner which serves the best interest of both the public and the profession cannot be achieved by each pharmacist working alone.

In our society, where the power blocs we have to contend with include big government, big business, and big unions, pharmacy can make an impact only through strong associations. In Maryland, our objectives in dealing with these powerful forces can be adequately met only through an effective state pharmaceutical association supported by every pharmacist as well as those persons allied with the drug industry.

—o—

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Meet the President

ALEXANDER J. OGRINZ, JR.

Alexander J. Ogrinz, Jr., elected President of the Maryland Pharmaceutical Association for 1965-66, has been an active participant in many facets of pharmaceutical affairs. He has served as a Vice-President, Chairman of the Convention and Membership Committees and the first Chairman of the Swain Seminar Committee.

Mr. Ogrinz was born in Baltimore, Maryland in 1914. He graduated from Baltimore City College and then attended the University of Maryland School of Pharmacy. In 1934 Mr. Ogrinz received the Ph.G. degree and in 1935 the B.S. in Pharmacy.

After graduation from the School of Pharmacy he accepted a position at Johns Hopkins Hospital and attained the position of Assistant Chief Pharmacist before he left in 1944 to enter the retail field.

In addition to many other organizations to which Mr. Ogrinz belongs he has been President of the Alumni Association of the School of Pharmacy, University of Maryland and President of the Baltimore Metropolitan Pharmaceutical Association. He is a member of the American Pharmaceutical Association, the National Association of Retail Druggists, Wedgewood Club and the National Association of Boards of Pharmacy.

In 1955 Mr. Ogrinz was appointed to the Maryland Board of Pharmacy by Governor McKeldin, and reappointed by Governor Tawes for another five year term. He now serves as President of the Board of Pharmacy. In 1963 he was appointed by Governor Tawes to the Maryland Commission on New York's World Fair.

"Al" Ogrinz was appointed to the Maryland Emergency Planning Committee of the State Civil Defense organization. His assignment is to the Task Group on Emergency Management of Health Resources, acting as Chairman of the Committee for Primary and Secondary Distribution. He is also on the Economic Stabilization Task Group.

During Mr. Ogrinz' term as President of the Alumni Association, his leadership was exerted by the inclusion of that organization in the combined pharmaceutical effort that contributed in great measure to the establishment of the Student Union Building on the Baltimore Campus. This year the Alumni Association cited him by election as Honorary President.

President's Message . . . . . .

Dear Fellow Members:

It is with a feeling of joy mixed with humility that I look forward to this coming year—the year which all the members made possible by electing me to the plateau of the presidency of this association.

My acceptance of this honor carries with it the promise that I intend to serve the Maryland Pharmaceutical Association with every resource at my command in order to achieve the objectives of the pharmacists of this State. I would like to take this opportunity to reiterate a few of the most important of these.

Firstly, the legislative program should result in two essential laws: one that will give the Maryland Board of Pharmacy the power to appeal adverse lower court decisions and one which will give regulatory powers to the Board. If pharmacy is to advance, extremely high priority must be given to turning these two bills into law during the coming session of the Maryland General Assembly.

In addition to these legislative objectives, there are two extremely important ones with which the Health & Welfare Committee has been charged: that of developing a sound prepaid prescription insurance program which will not abdicate the rights of the pharmacist, and the promotion of a positive program which will give the Maryland pharmacist a voice in the deliberations concerning the requirements of pharmaceutical services which are compensated by governmental agencies.

It goes without saying that all committee work is paramount in an organization such as ours, but it must be stressed that an intense involvement in these legislative matters at the formulative stages is essential if we are to transmit a proud pharmaceutical heritage to those who will follow.

I would like to take this opportunity to express my satisfaction in the knowledge that the support of the Ladies Auxiliary and the Travelers Auxiliary is always available to the Maryland Pharmaceutical Association and wish to assure them that our Association will be making a concerted effort to promote their aims and objectives, as well.

Sincerely,

ALEXANDER J. OGRINZ, JR.
President

Secretary's Script . . .

A Message from the Executive Secretary

Allegany-Garrett Counties Pharmaceutical Association Affiliates With M.P.A.

In this issue President Ogrinz in his first message and in this month's editorial our targets for the year ahead are clearly stated. We will need the participation of every pharmacist, members of his family, and of everyone associated with pharmacy if we are to make any progress toward our goals.

It is heartening, therefore, to be able to announce that the Allegany-Garrett Counties Pharmaceutical Association, under President Fern E. Kenny, has voted to require membership in the Maryland Pharmaceutical Association as a prerequisite for membership in their group. Thus they join the Eastern Shore Pharmaceutical Society in affiliating with the State professional organization.

The dedicated leaders of these local groups are to be commended for their efforts in accomplishing these historic steps in securing a unified and strong organizational structure for pharmacy in Maryland.

T.A.M.P.A.—M.P.A.'s Partner

T.A.M.P.A. is another vital link in a strong chain which will produce a constantly more effective structure for representing pharmacy.

The Travelers Auxiliary has always strived to cooperate with the M.P.A. in every one of its endeavors. We see evidence of renewed determination by its leaders and membership to work alongside the pharmacists of Maryland for the mutual benefit of all.

T.A.M.P.A. members, under dynamic President Herman Bloom, are proudly wearing their lapel emblem. T.A.M.P.A. is committed to work for pharmacy and its members deserve proper recognition by all of us.

L.A.M.P.A.—The Vital Ingredient

For many years, L.A.M.P.A.—our Ladies Auxiliary—has assumed a quiet, modest, but vital, role in Maryland pharmacy. They are the indispensable ladies of pharmacy, assuring the success of many pharmaceutical programs.

All members of the M.P.A. should bring L.A.M.P.A. to the attention of their wives and urge them to join this important organization.

L.A.M.P.A. President, Mrs. Milton A. (Sadye) Friedman, invites the ladies to enroll as members so that L.A.M.P.A. can expand its participation in the affairs of Maryland pharmacy. With the encouragement and support of the ladies of pharmacy, all of us in pharmacy can more effectively secure our objectives.

Thus we see there is a place in the M.P.A. for all persons in the Maryland pharmaceutical complex. Those who see the tasks to be done and are committed to work for progress toward their conclusion have voluntarily affiliated themselves in the M.P.A., T.A.M.P.A., or L.A.M.P.A. In addition, they naturally support the local and national groups.

It is left then to us who have already assumed our share of responsibility to try always to bring all potential members into M.P.A., T.A.M.P.A. and L.A.M.P.A.

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Executive Secretary

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The Chemical Control Of Ovulation

by

ARTHUR L. HASKINS, M.D.

The chemical control of ovulation has been accepted medical therapy for many years. The gynecologist with his knowledge of endocrinology has found through various means of ovulation control, partial or complete resolution of the clinical problems of dysmenorrhea, endometriosis, hypermenorrhea and functional ovarian cysts. In recent years the importance of this aspect of female endocrinology and ovulation control has been overshadowed by the tremendously popular acceptance of ovulation control for contraception.

Whether the pills are here to stay for oral contraception or whether they will be replaced in the future, the impact on our society will long be with us. The sociological and moral aspects of oral ovulation control and its effect on community, family and religious structures will continue to induce philosophical speculation for years to come.

Stripped of moral, legal and business implications, the chemical control of ovulation has two major goals. The first is the complete suppression of ovulation. This has been attained and is an accomplished fact. The second goal is the predictable induction of ovulation through chemical means. Despite some claims to the contrary, this goal has not been attained.

Prior to proceeding with further considerations of ovulation control it would be well to review the ovulation mechanism in the human female as it is currently understood. Through hypothalamic influences the anterior pituitary gland is activated to liberate gonadotropic substances which, in turn, stimulate the ovary through its several physiologic and secretory phases. Without the influence of pituitary gonadotropin, the ovary becomes quiescent and atrophic. In this hypogonadal state the ovary is incapable of secreting estrogen, progesterone and the production of ova.

The secretion of estrogenic substances by the ovary results in those physiological and anatomical changes associated with femininity. Simply stated, female hair distribution, breast development, skin texture, bone formation and reproductive tract maturation are the effects of ovarian estrogen. The pituitary gland itself, however, is also an important target organ for estrogenic secretion.

Pituitary gonadotropin causes the ovary to secrete estrogen, but the amount of pituitary gonadotropin secreted is in itself under the influence of circulating estrogen. There is a reciprocal relationship between pituitary gonadotropin and ovarian estrogen. As the level of estrogens increase, the levels of gonadotropin decrease. Conversely, in the absence of circulating estrogen, gonadotropin secretion is greatly exaggerated.

Following ovulation, a gonadotropin induced phenomenon, the ovary begins to secrete progesterone. The period of progesterone secretion in the absence of pregnancy is fourteen days. The level of progesterone secretion by the ovary is controlled by a pituitary gonadotropic factor. The primary target organs for progesterone secretion are in the reproductive tract, specifically the myometrium and endometrium. There are, however, progesterone changes in the

Dr. Haskins is Professor and Head of the Department of Obstetrics and Gynecology of the University of Maryland School of Medicine. This is the text of a talk he delivered at the 5th Annual Swain Pharmacy Seminar, sponsored by the Maryland Pharmaceutical Association. It was held on March 4, 1965, at the Health Sciences Library Auditorium of the University of Maryland Baltimore campus.

skin, blood, vaginal mucosa and cervical mucous. No direct relationship between the level of progesterone secretion and pituitary gonadotropin secretion has been established.

With these facts in mind, it becomes apparent that pituitary gonadotropin secretion could be greatly decreased or eliminated entirely through the administration of estrogenic substances. The reciprocal relationship of circulating estrogen levels and the secretion rate of pituitary gonadotropin is activated whether the estrogen is from the ovary or from an exogenous source.

It would appear, then, that the administration of a critical amount of estrogen to the human female during her periods of active ovulation could suppress pituitary function and pituitary gonadotropin secretion to the extent that the ovaries would become functionless and atrophic.

Early experimentation in mammals indicated that this concept was true. The administration of exogenous estrogenic substances to the laboratory animal resulted in a decrease in ovarian size and absence of ovarian function. Translation of these findings to the human indicated that the human animal behaved in a similar manner. The cessation of ovarian function could be brought about through the administration of estrogenic substances to the human female. The suppression of ovarian function was shown to be in the three major spheres of activity. Estrogen secretion was absent, ovulation no longer occurred, and progesterone secretion disappeared.

Further studies in the laboratory animal indicated that of the two ovarian hormones, estrogen and progesterone, only estrogen could induce suppression of pituitary gonadotropin. Progesterone was ineffective. Further studies in the sex steroid field indicated that androgens, normally secreted by the testes, were also capable of reducing pituitary gonadotropin whether administered to the male or female.

These observations were the beginning or foundation of ovulation control regimens through the administration of hormonal substances. It is immediately obvious that androgenic substances administered to the female for purposes of ovulation control would have undesirable secondary effects resulting in the masculinization of the female. Androgens, therefore, were not acceptable for pituitary suppression in the female. Since progestational agents were ineffective in the suppression of ovulation, it remained for estrogenic hormones to be utilized for this purpose.

The administration of anovulatory doses of estrogen (and these doses are completely dependent upon the potency of the estrogen being utilized) predictably will suppress pituitary gonadotropin and, therefore, ovulation. It was soon noted that the prolonged administration of estrogenic substances resulted in irregular and sometimes profuse uterine bleeding. The uterine bleeding thus evoked by the prolonged administration of estrogens has since been called estrogen breakthrough bleeding. Although this mechanism can be activated spontaneously by the malfunctioning ovary, it can also be produced in any woman with a responsive uterus through the prolonged use of estrogenic substances.

Modification of the estrogen suppression plan from continuous and prolonged usage to the cyclic administration of the estrogen solves the problem of estrogen breakthrough bleeding. This resolution comes through an additional property of estrogen-induced uterine bleeding. This property is termed estrogen withdrawal bleeding. The administration of a critical or anovulatory dose of estrogen to the otherwise normal human female will suppress ovulation and ovarian function, but will cause growth of the uterine endometrium. The cessation of therapy or the withdrawal of the estrogen results in uterine bleeding approximately seven days following the medication.

A complicating factor occasionally accompanied estrogen withdrawal menstrual flow. Occasionally, the endometrial slough was insufficient, with the resultant development of hyperplasia of the endometrium. Hyperplasia of the endometrium results in irregular bleeding. Although this can be controlled, it is an undesirable side effect.

The irregular bleeding associated with hyperplasia is treated successfully through the use of progestational agents. It would, therefore, follow that in the estrogen suppression of pituitary function and resultant anovulation, planned therapy should include estrogen for the suppression of ovulation and a progestational agent for the induction of a complete endometrial slough.

Seemingly unrelated research in steroid synthesis was producing with amazing regularity progestational or luteoid agents which could be administered orally to the patient instead of the intramuscularly administered, naturally occurring progesterone. These substances were utilized largely for the treatment of functional uterine bleeding and were also advocated for the attempted salvage of a compromised early pregnancy.

Although closely related by structural formula to the steroid progesterone, these more active, oral substances became known as 19-nortestosterone derivatives. Many of them, in addition to having properties usually attributed to progesterone, also were androgenic and were capable, under special circumstances, of masculinizing the human female. The synthesis of one of these compounds, norethynodrel, a 19-nortestosterone derivative, was obtained from the estrogen, estradiol. Apparently during the course of the synthesis, an estrogenic substance, mestranol, was formed and remained in a predictable amount in the end products of the norethynodrel synthesis.

The final mixture of norethynodrel and mestranol was adjusted to a ten milligram pill in which 9.85 mg. was norethynodrel and 0.15 mg. was mestranol. This was the pill originally known as Enovid. It soon became apparent that this combination of steroid substances was capable of inducing an ovulation in the human female. Although to many investigators it seemed reasonable to attribute the effect of Enovid to its estrogen content, there were many much more voluble workers who considered that the anovulation effect of the Enovid pill was primarily the result of the norethynodrel. In its original form patients were given this combination pill containing the progestational agent and estrogen for about twenty days, with resultant anovulation and menstrual flow due to cyclic withdrawal.

Apparently in an attempt to reduce the cost of the Enovid pill, its next form was one in which norethynodrel was present in 5 mg. and mestranol in 0.75 mg. amounts. Although this seemed to be a satisfactory oral contraceptive, the final or currently popular Enovid pill contains 2.5 mg. of norethynodrel and O.1 mg. of mestranol.

It is interesting to speculate that the producers of Enovid were coming to recognize that the estrogen in the pill was the important substance for ovulation control. This conclusion may be drawn from the fact that the final tablet contains approximately 25% the amount of norethynodrel of the original, but contains 66% of the mestranol original.

In the ensuing years, other pharmaceutical houses produced, tested and had accepted for public consumption a number of oral contraceptive pills. The best known of these are: Norlestrin (Parke-Davis), Norinyl (Syntex), Ortho-Novum (Ortho) and Provest (UpJohn).

TABLE I

Ovulation Control Formulations

Trade Name	*Company*	*Content (mg.)*
NORLESTRIN	Parke-Davis	norethindrone 2.5 ethinyl estradiol 0.05
PROVEST	Upjohn	medroxyprogesterone 10.0 ethinyl estradiol 0.1
ORTHO-NOVUM	Ortho	norethindrone 2.0 mestranol 0.1
NORINYL	Syntex	norethindrone 2.0 mestranol 0.1
ENOVID-E	Searle	norethynodrel 2.5 mestranol 0.1
5071-1H	Mead-Johnson	megestrol 5.0 ethinyl estradiol 0.1

As indicated in Table I, the ovulation suppression estrogen in Norinyl, Ortho-Novum and Enovid is identical. Enovid differs from Norinyl and Ortho-Novum in that the progestational agent is norethynodrel, whereas in Ortho-Novum, Norinyl and Norlestrin, norethindrone is the active luteoid substance. Provest and Norlestrin utilize ethinyl estradiol, a potent estrogenic substance at the dosage level of 0.05 mg., but differ in that Norlestrin uses norethindrone as the luteoid substance and Provest utilizes medroxyprogesterone acetate as the luteoid substance.

At the present time these pills might be viewed as having very little dissimilarity. Each contains an estrogenic substance capable of suppressing ovulation and combines in the pill a progestational agent which can cause endometrial changes similar to those caused by progesterone.

The combination of the estrogen and progestational agent is not necessarily a rational one since, as indicated previously, the estrogen alone is capable of controlling ovulation through pituitary suppression. It would appear that the most reasonable combination of substances available at the present time for the control of ovulation on a cyclic basis would be the administration of an estrogenic substance during the first part of the cycle and the administration of a progestational agent toward the latter part of the cycle to induce a proper and thorough endometrial slough. This plan of steroid administration for ovulation suppression has been termed the sequential type of ovulation control pill. One such pill, currently under investigation by Mead Johnson, consists of a 21-day plan of therapy. The first 16 days consist of the administration of ethinyl estradiol 0.1 mg. The last five days of pill administration consists of a combined tablet of ethinyl estradiol and the luteoid substance megestrol acetate.

It should be noted that the sequential type of ovulation suppression medication is more similar to the steroid production of the normal ovary than are those tablets which include the administration of both estrogens and a progestational agent for the entire cycle. In addition to this, since the costly item in the conception control pills is usually the progestational agent, eliminating this for 16 days and concentrating its usage in only five days of the cycle should result in a reduction in price and saving to the patient.

There are a number of myths and truths concerning the contraceptive pills. Probably the greatest problem associated with contraceptive pills is in that of increasing coaguability of blood with a formation of thrombi and resultant embolization. *Careful study of hundreds of thousands of patients taking a variety of medications for ovulation control indicates that the incidence of thrombophlebitis in this group is no greater than in the normal population.*

The second question has to do with the possible prolongation of ovarian function past the usual time of menopause in women who take these substances for long periods of time. There seems no rational basis for this concept, although no laboratory or other negation of the concept has come forth as yet.

The notion of increased fertility following the utilization of these pills is based on the assumption that they have any effect on fertility rates in the first place. The statement is heard repetitively that Enovid was developed as a fertility tablet and much to everybody's surprise it has been adopted as an antifertility medication. There is no evidence to indicate that Enovid has increased the fertility of any group of individuals.

Some have questioned the possibility of permanently impairing fertility by utilizing these steroid substances. There is no rational basis for this belief. *Experience in the prolonged administration of estrogen in the past has indicated no reduction in fertility and it would appear as if this will not be forthcoming with either the combined type of therapy or the sequential pill.*

Nausea is often found in the beginning of all ovulation control regimens. This is the result of the estrogen content of the pill. Breakthrough uterine bleeding occurs in some patients taking the variously formulated pills. Some of the women on prolonged ovulation control will develop amenorrhea or oligomenorrhea.

In summary, the chemical control of ovulation through the administration of oral steroid substances appears to be based on rational investigations of many years ago which showed that estrogenic substances were capable of pituitary suppression and subsequent ovulation suppression through ovarian influences. The pills currently in use have been shown to be relatively effective and safe to the patient's general well being. The combined type of therapy of estrogenic plus progestational substances seems irrational when one views the physiologic mechanisms involved. A more satisfactory ovulation control plan my be the sequential type of therapy which is currently under investigation.

—o—

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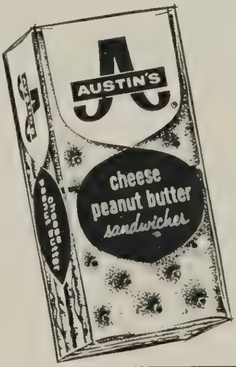

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To insure delivery of "The Maryland Pharmacist" and all mail, kindly notify the office when you plan to move and state the effective date.

Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

• T.A.M.P.A. TATTLER •

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Robert A. Williams	William A. Pokorny	Frank J. Slama

Maryland Pharmacist Committee
Paul H. Friedel, Chairman
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George A. Kommalan, Board Advisor
L. Scott Grauel

Volume 23 JULY 1965 No. 9

TAMPA Annual Meeting

The 83rd Annual Convention of the Maryland Pharmaceutical Association was held on June 29, 1965 at the Hotel Dennis, Atlantic City, N.J. This is an occasion toward which everyone looks with great pleasure and anticipation.

The T.A.M.P.A. Palace Show, in which we were joined by the girls of L.A.M.P.A., was unanimously acclaimed. This will be a long remembered theatrical event.

After the show, the entire cast, accompanied by husbands, wives, and all members of L.A.M.P.A. and T.A.M.P.A., celebrated at a party. Mickey Friedman displayed remarkable talents at this event.

The annual T.A.M.P.A. Convention meeting was held July 1, and the Secretary and Treasurer's reports were presented, as well as the lists of incoming officers for the new year. Many participants received prizes. There was an exciting and *wet* team golf match pitting Tony Padussis and Nick Lykos against T.A.M.P.A.'s Frank Watkins and Bill Nelson; it was played in a downpour! Nick made the most extraordinary stroke; he teed off on the first hole and the ball landed on the putting green of the 18th hole!

T.A.M.P.A. Officers Elected for 1965-66

Honorary President—B. Dorsey Boyle
President—Herman Bloom
First Vice President—Frederick H. Plate
Second Vice President—William A. Pokorny
Third Vice President—Howard L. Dickson
Secretary-Treasurer—John A. Crozier
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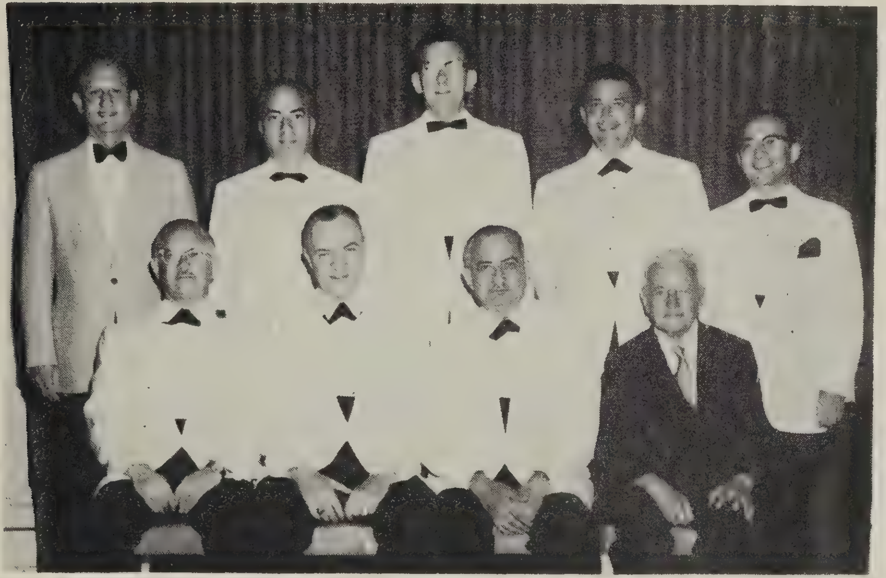
Chairman—Alfred E. Callahan

For One Year—John D. Davidson, Kenneth L. Whitehead, Robert A. Williams.

For Two Years—Joseph A. Costanza, Leo (Doc) Kallejian, George H. A. Kommalan.

For Three Years—Albert J. Binko, Abrian Bloom, Francis J. Watkins.

Maryland Pharmaceutical Association Officers 1965-66



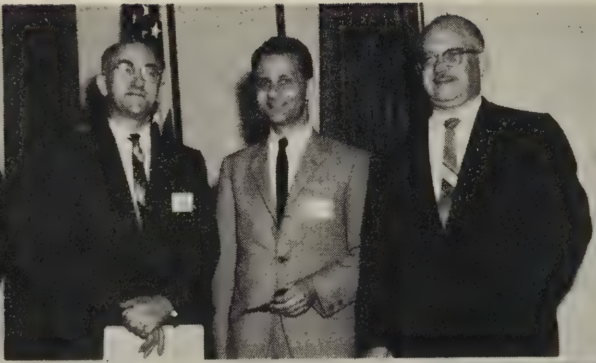
Courtesy Paramount Photo Service

(Rear row-standing) left to right: Milton A. Friedman, 2nd Vice President; Stephen J. Provenza, 3rd Vice President; Samuel Wertheimer, 4th Vice President; Morris Lindenbaum, Treasurer; Nathan I. Gruz, Executive Secretary.

(Front row - seated) left to right: Morris R. Yaffe, 1st Vice President; Alexander J. Ogrinz, Jr., President; Solomon Weiner, Chairman Executive Committee; Melville Strasburger, Honorary President & Secretary Emeritus.

T.A.M.P.A. Convention Show Grand Finale

Courtesy Paramount Photo Service



RMAC
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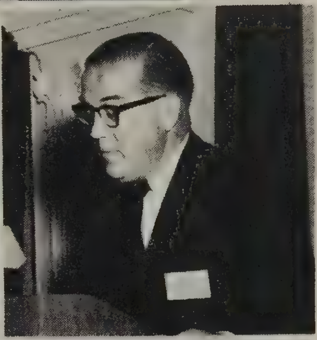

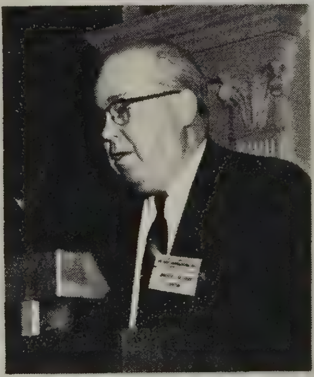

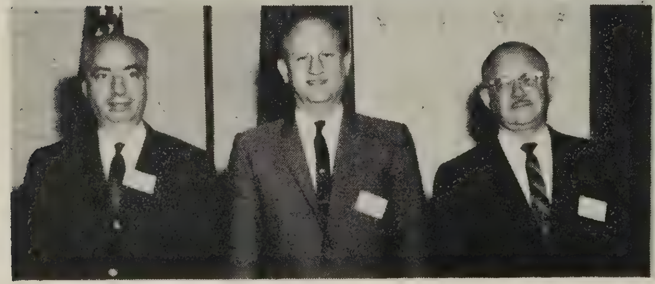

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Above—Top row, left to right: Alexander J. Ogrinz, Jr., Anthony G. Padussis, Bernard B. Lachman. Second row: Jerome Mask, Dr. Noel E. Foss, William A. Cooley. Third row: Gordon A. Mouat, Irving I. Cohen, F. S. Balassone. Fourth row: Morris Lindenbaum, Joseph S. Kaufman, Nathan I. Gruz.

Opposite Page—Top, left to right: Pres. Ogrinz; panelists Morton J. Schnaper and "Chain Store Age" Editor Norman Shack, and Moderator Morris R. Yaffe. Second row, left: Pres. Weiner; A.Ph.A. Pres. Bowles; N.J. Ph.A. Pres. Abe Rubin. Right: George W. Thompson, Jr. of SKF Labs. Third row (left): N.A.R.D. Pres. Dueker; Pres. Weiner; Right: Panelist James Delahanty of N.J. Bottom: (left) Veeps Provenza, Friedman and Yaffe. Right—Benjamin J. Klingwell of Calif.

T.A.M.P.A. Convention Show Highlights

Courtesy Paramount Photo Servic

Ladies Auxiliary, Maryland Pharmaceutical Association

Courtesy Paramount Photo Service

Outgoing LAMPA President Ruth Levin turns gavel over to new President, Sadye Friedman

Courtesy Paramount Photo Service

LAMPA Program Feature: Miss Virginia Graham, TV Personality and Clairol's Ambassador of Good Will

---

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1965-1966

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RESERVE THE DATES June 27—30, 1966

1966 CONVENTION

Maryland Pharmaceutical Association

Tamiment-in-the-Poconos

The APhA Public Education Awards

(Sponsored by Pfizer Laboratories)

One of the Highest Awards in Pharmacy

Each year the American Pharmaceutical Association recognizes the individual pharmacist and organization whose public education programs are judged most effective in demonstrating the direct relationship between the pharmacist and better community health.

The awards consist of a cash prize of $500, a trophy, and an expense-paid trip to the annual meeting of the association where the presentation is made.

All of the 1964 entrants received a certificate of merit in appreciation for their efforts.

The APhA Public Education Awards competition, sponsored annually by Pfizer Laboratories, recognizes the best individual and organizational efforts to tell pharmacy's story to the public.

A brochure outlining the rules for prospective entrants in 1965 is available on request from: American Pharmaceutical Association, Division of Services, 2215 Constitution Ave., N.W., Washington, D. C. 20037.

WINNERS OF THE 1964 COMPETITION

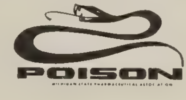
Individual Award:

Jack W. Anderson, Pharmacist, Reynolds Memorial Hospital, Glendale, West Virginia. Mr. Anderson's winning entry described his many community education activities. He directed his efforts to the juvenile delinquency problem and illegal use of narcotics and stimulants, community education in first aid, evacuation procedure, fire prevention and control, and a special clinic offering free electrocardiograms.

Mr. Anderson with the trophy and *(left to right)* J. Harris Fleming, Director of Trade Relations, Pfizer Laboratories, and J. Curtis Nottingham, President of the APhA.

Organization Award:

Michigan State Pharmaceutical Association. The entry of the MSPA emphasized this group's varied activities in poison control and public relations supporting National Poison Prevention Week. Program innovations included the newly designed poison label (striking snake) that has attracted international attention. The labels (see illustration) are available from the APhA.



Sam Brock, Sales Manager, Pfizer Laboratories; Robert C. Johnson, Executive Secretary, Michigan State Pharm. Assn.; J. Harris Fleming, Director of Trade Relations, Pfizer Laboratories; J. Curtis Nottingham, President of the APhA.

Chairman of the panel of judges for the 1964 Public Education Awards competition was Robert G. Gibbs, Executive Secretary of the Iowa Pharmaceutical Association. Serving with Mr. Gibbs on the judging committee were: Ovid R. Davis, Staff Vice President, Coca-Cola Company, Atlanta, Georgia, and President of the Public Relations Society of America; Leland R. Rosemond, N. W. Ayer & Son, Inc., Philadelphia, Pennsylvania; Frank Pinchak, Pharmacist and Public Relations Counsel, Paterson, New Jersey; and John Shostak, Pharmacist, Norwalk, Connecticut.

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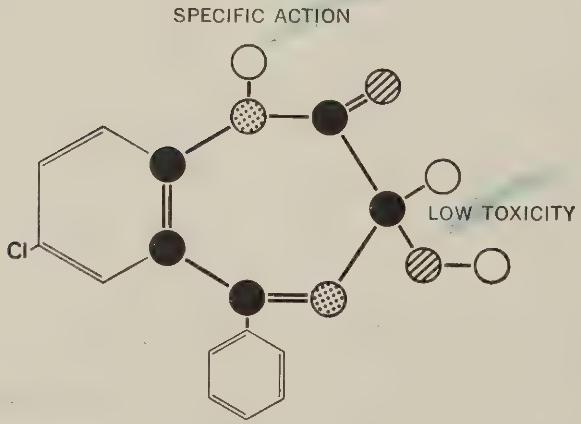
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separation between effective dose
and side-effective dose.

Wyeth

For equivalent "anti-anxiety" response, pharmacology studies predict up to 42% less side-effect liability than with diazepam, 71% less side-effect liability than with chlordiazepoxide. Clinical studies in 4240 patients show a similar lower incidence of side effects with oxazepam.

Additional Advantages • Versatile and flexible control of common emotional disturbances: prompt action in disorders associated with anxiety (including anxiety-linked depression), tension, agitation and irritability • High index of safety • Little or no cumulative effect • Virtually no ataxia and minimal sedation • Economical

Dosage and Administration

	Usual Dosage
Mild to moderate anxiety with associated tension, irritability, agitation or related symptoms of functional origin or secondary to organic disease	10-15 mg. 3 or 4 times daily
Severe anxiety syndromes, agitation or anxiety associated with depression	15-30 mg. 3 or 4 times daily
Older patients with anxiety, tension, irritability and agitation	Initially—10 mg. 3 times daily. If necessary, increase cautiously to 15 mg. 3 or 4 times daily
Alcoholics with acute inebriation, tremulousness or anxiety on withdrawal	15-30 mg. 3 or 4 times daily

Precautions: Hypotensive reactions are rare, but use with caution where complications could ensue from a fall in blood pressure, especially in the elderly. Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves; excessive, prolonged use in susceptible patients (alcoholics, former addicts, etc.) may result in dependence or habituation. Reduce dosage gradually after prolonged excessive dosage to avoid possible epileptiform seizures. Caution patients against driving or operating machinery until absence of drowsiness or dizziness is ascertained. Warn patients of possible reduction in alcohol-tolerance. Safety for use in pregnancy has not been established.

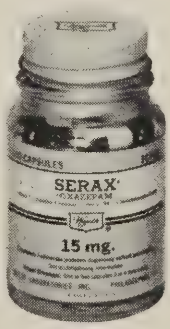
Not indicated in children under 6 years; absolute dosage for 6 to 12 year-olds not established.

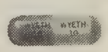
Side Effects: Therapy-interrupting side effects are rare. Transient mild drowsiness is common initially; if persistent, reduce dosage. Dizziness, vertigo and headache have also occurred infrequently; syncope, rarely. Mild paradoxical reactions (excitement, stimulation of affect) have been reported in psychiatric patients. Minor diffuse rashes (morbilliform, urticarial and maculopapular), nausea, lethargy, edema, slurred speech, tremor and altered libido are rare and generally controllable by dosage reduction. Although leukopenia and hepatic dysfunction have been reported, direct correlation with Serax therapy is uncertain (periodic blood counts and liver function tests are advised). Ataxia, reported rarely, does not appear related to dose or age.

These side reactions, noted with related compounds, are not yet reported: paradoxical excitation with severe rage reactions, hallucinations, menstrual irregularities, change in EEG pattern, blood dyscrasias (including agranulocytosis), blurred vision, diplopia, incontinence, stupor, disorientation, fever, euphoria and dysmetria.

Contraindications: Previous hypersensitivity to Serax; psychotic states.

Availability: Capsules of 10, 15 and 30 mg. oxazepam.



		Your Cost*
	10 mg. (capsule) —bottles of 100	$4.50
	15 mg. (capsule) —bottles of 100	$5.60
	30 mg. (capsule) —bottles of 100	$7.75

*Based on $50 minimum direct order.

Wyeth Laboratories Philadelphia, Pa.

Powers Joining U.S.P. Staff

The U.S.P. has announced the appointment of Wilbur E. Powers, Secretary of the National Pharmaceutical Council, as Executive Assistant to the Director of the U. S. Pharmacopeial Convention, effective September 1.

Mr. Powers brings broad experience to the U.S.P. staff by virtue of having held the post of Secretary of the N.J. State Board of Pharmacy before attaining his present position. He has been especially interested in drug standards and control and is expected to make a broad contribution to the profession of pharmacy and to the maintenance of high U.S.P. standards for purity and potency of drugs.

Powers can be looked to for especial emphasis on reviewing before 1970 the soundness of the basic philosophy of the existing American system of relying upon independent, broadly-based voluntary efforts to provide purity standards for drugs. He will be responsible for studies to this effect.

Baltimore Mail Users Council

Reported by Stuart Freidel

Commemorating the fourth anniversary of the Nationwide Improved Mail Service Program (NIMS), William F. Laukaitis, Postmaster of Baltimore, told a group of about 30 members of the Local Mail Users Council how NIMS has cut by fifty percent the delay in delivery of mail deposited after 5:00 in the evening. The plan's success depends on business reducing the amount of periodic mail sent on the first and last day of the month. Mr. Jack Winaker, Chief of Administrative Services, reported that the advisory panel on postal rates has recommended to the postmaster General an increase in the present postal rates. Also discussed were some of the immediate benefits to be gained by use of ZIP code: speed in delivery, reduction of damage to parcels and easier identification of address in case of illegible handwriting.

Pharmacy Changes

The following are changes which occurred in pharmacies during the month of July, 1965:

New

University Boulevard Professional Pharmacy, Inc., Harry S. Nelson, President, 831 University Boulevard, East, Silver Spring, Maryland.

Drug Fair, #67 Milton L. Elsberg, President, 7778 Landover Road, Landover, Maryland.

Bethesda North Medical Park Pharmacy, L. A. Koutras & Herman Prigal, Props., 11125 Rockville Pike, Rockville, Maryland.

No Longer Operating As A Pharmacy

Burtonsville Pharmacy, Bruce C. Aabel, President, 15508 Columbia Pike, Burtonsville, Maryland.

Change Of Ownership, Address, Etc.

Woodside Pharmacy, Melvin Levy, Prop., 8301 Harford Road, Baltimore, Maryland 21234. (Formerly, Albert Binstock & Louis Sabatino, Props.)

Clinton Pharmacy, Robert S. Bergstein, President, 8722 Branch Avenue, Clinton, Maryland. (Change of officers in corporation—formerly, A. F. Furman, Pres.)

Hughesville Pharmacy, Marion S. Hamer, Prop., Maryland Highway #5, Charlotte Hall, Maryland (Formerly located at Hughesville, Maryland)

Dr. Kenneth L. Euler, Associate Professor of Pharmacognosy at the University of Maryland School of Pharmacy, presented a paper concerning an anticoagulant substance extracted from mushrooms at a meeting of the American Society for Pharmacognosy and the Society for Economic Botany held at the University of Rhode Island in June 1965.

Alvin Geser Elected President National Council of State Pharmaceutical Executives

Alvin N. Geser, Baltimore pharmacist and attorney, who was appointed in 1961 Executive officer of the New Jersey State Pharmaceutical Association, was elected President of the National Council of State Pharmaceutical Executives.

Mr. Geser, who was born in Baltimore in 1927, attended public schools here, and received his B.S. in Pharmacy from the University of Maryland in 1950. He then took courses at the University of Maryland School of Medicine and the Johns Hopkins University, broadening his educational horizons to include biochemistry and related sciences, as well as the social sciences. He attended the University of Maryland School of Law, obtaining his Ll.B. degree in 1957.

Geser, long associated with the M.P.A., has been a fearless spokesman for pharmacy, especially in the area of distribution of drugs to the public without professional supervision.

In the N.C.S.P.E, Geser has been active on the committees concerned with pharmacy policies of the Veterans Administration and with pharmacy legislation.

Al Geser worked in retail pharmacies, both chain and independent, while in Baltimore, and was interested in pharmacy management, as well. He had also been a member of the law firm of Weisgal and Sollins prior to moving to New Jersey to assume his present post.

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Baltimore Metropolitan Pharmaceutical Association

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Chairman—IRVING I. COHEN

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PHILLIP RICHMAN	ANTHONY G. PADUSSIS
MYER STOLER	MILTON SARUBIN

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

As the organization representing pharmacy in the Baltimore metropolitan area, what does the B.M.P.A. do and what can its members do to help the Association do a better job? Here are a few examples:

> *First, we must keep our membership informed.* The Monthly Newsletter, special mailings and our meetings are designed to do this. Pass your Newsletter on to a non-member and get him to join. When you get a meeting notice, ask another pharmacist to attend the meeting with you.
>
> *Second, we must provide representation* before governmental and other groups in the Greater Baltimore area. We do this by having pharmacists on the Baltimore City medical care staff and advisory committee. The officers and our legal counsel are alert to the interests of pharmacy when legislation is proposed in the Baltimore City Council and in the various county governments.

The B.M.P.A. was successful in securing favorable provisions in the recently enacted Minimum Wage Law. We also had an important part in the efforts to secure improved pharmacy fees under medical care, cooperating fully with the Maryland Pharmaceutical Association.

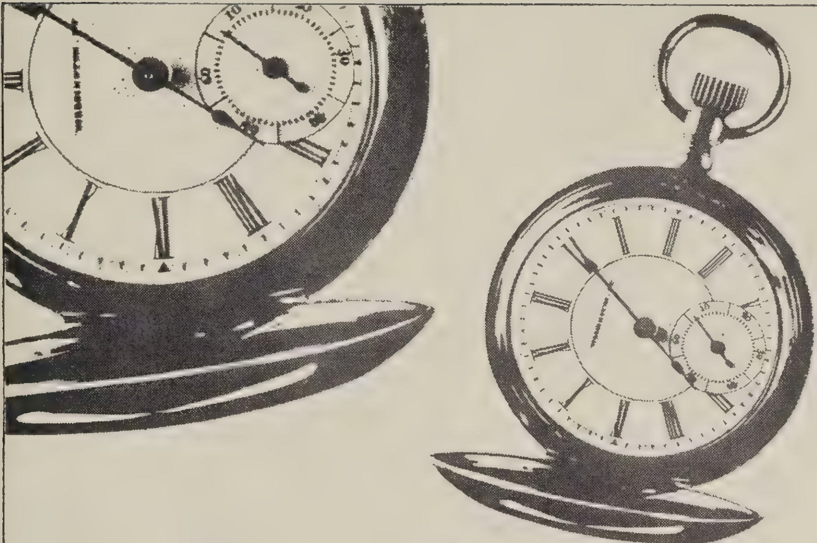
> *Third, we have an active professional and public relations program.* We co-operate in sponsoring exhibits at the Medical and Dental Conventions as well as at the Diabetic Detection Center. We share in the National Pharmacy Week and Poison Prevention Week observances. B.M.P.A. members have won a large share of state and national Pharmacy Week awards.

By participating and supporting the B.M.P.A., pharmacists in the Baltimore area have exhibited professional concern and have also contributed greatly to the efforts of the Maryland Pharmaceutical Association.

With everyone giving his full support to his local and state pharmaceutical association, we will give pharmacy a strong foundation and be able to speak with a united voice that will be heard in the community.

Sincerely,

MARION R. CHODNICKI
President



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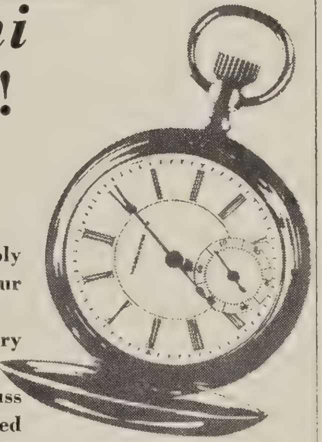

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Convention Address

By Grover C. Bowles, President
American Pharmaceutical Association

At the Joint Annual Meeting Session of the Maryland Pharmaceutical Association and the New Jersey Pharmaceutical Association, Atlantic City, New Jersey, June 28, 1965

I am very pleased to be here today, and to take part in this joint session of two of our oldest state pharmaceutical associations. In arranging this joint session, you give us all encouragement, for you are showing that cooperative unity is possible, that working and meeting together doesn't mean the surrender of anyone's autonomy. You will still be having your own business meetings.

One of the pleasures of being the elected President of your national professional society is to bring to you the greetings and best wishes of the members of the American Pharmaceutical Association. I especially carry with me today the greetings of Executive Director Bill Apple and of my two worthy predecessors, Past President Curt Nottingham and Past President Bob Gillespie, both of whom have addressed these associations and have personally met with many of you.

Last Sunday, I participated in ceremonies marking the opening session of the House of Delegates of the American Medical Association's meeting in New York City. On the platform with me at that opening session were the presidents of the American Dental Association, the American Nurses Association, the American Veterinary Medical Association, the Amercan Hospital Association and others, including distinguished health leaders from all over the world.

You and I know that all of these associations don't always agree with the American Medical Association on every issue. It is obvious, however, that the AMA publicly recognizes that today's health team is made up of many professions. The AMA also recognizes that there are many paths leading to a goal. This was apparent to me as I listened to outgoing President Dr. Donovan Ward outline the battle his administration had fought against Medicare and tell why and how the battle should continue. A few minutes later the new AMA President, Dr. James Appel, took a different route. Acknowledging the upcoming passage of H.R. 6675, Dr. Appel declared that "without the cooperation of the physicians of this nation, the intent of the law cannot be carried out. Such lack of cooperation would be a violation of intent, would disparage respect for law and would stimulate retaliatory regulatory legislation."

Then, Dr. Appel made the strongest possible point of his speech, a point that was given headlines in newspapers throughout the country. The AMA campaign against medicare, he said, "cannot include unethical tactics such as boycott, strike or sabotage. It must be based on reason, logic and education and must utilize all existing legal and parliamentary procedures that are a part of a representative democracy."

It is obvious to me, just from these few remarks that there exist great differences within organized medicine itself. It is also obvious that an official effort is being made to channel the emotions and energy of physicians from destructive things like strikes and boycotts into constructive activities like legislative petition, amendment and implementation. Those who wish to be called professionals, especially health professionals, must show a maturity the average man need not display. That is why more than two years ago our own Dr. Appel articulated the conscience and aims of mature practitioners when he said pharmacists must not strike or boycott against welfare programs. As Dr. Max Rafferty, the California conservative and advocate of fundamentalism in education, told us at last Sunday's AMA Conference of Presidents of State Medical Associations: "Logic, reason and persuasion are the tools of a profession."

Strong emotions were certainly expressed during the Reference Committee sessions I attended at the AMA meetings. In fact, AMA President Appel's character and integrity were assailed many times. When the verbal fireworks and emotional heat cooled, however, the logic and maturity of Dr. Appel's position prevailed. I found it most instructive that during the debate and the shouted differences of opinion, not one delegate talked about his state medical society's withdrawing from the AMA federation. Nor did I hear one physician threaten to resign from the AMA if he couldn't have his way. Say what you will about organized medicine, they may fight among themselves but always, in the last analysis, they are united against outside forces.

Another contrast between medicine and pharmacy was apparent to me when the AMA Board of Trustees reported an accounting of the $20 million AMA had expended during the past year on behalf of organized medicine. When the APhA met in Detroit in April, we distributed a detailed financial statement showing how APhA had spent $932,636.43 on behalf of the profession of pharmacy. The ratio of expenditures, you see, is almost 20 to 1; $20 million by medicine, one million by pharmacy. There are twice as many physicians as pharmacists in practice today, but even this adjustment only reduces the ratio to 10 to one. It is not difficult to see why medicine today is strong and pharmacy is weak.

How long will pharmacy remain organizationally weak? The American Pharmaceutical Association, three and one half years ago, re-introduced a plan for unifying the pharmacists of the United States. I say re-introduced because 50 years ago the proposal for local-state-APhA affiliation was made to the pharmacists of this country. *Organizational apathy, individual selfishness and provincialism, coupled with war conditions and the readjustments needed during and after World War I, prevented local-state-APhA affiliation from getting off the ground.*

Now, however, the idea is soaring in the minds and hearts of pharmacists. Nine states have already voted to affiliate with APhA and another 20 are studying the step. Four of them have already scheduled mail ballots on the subject. A half century later, however, we still see organizational attempts to block unity; there is still individual selfishness and provincialism. We should not be surprised at this. The question is, can we rise above it? There have been many times in history when leadership has been ahead of the members of a society, and there are times when the members are more progressive and more willing to accept increased responsibility than are the leaders. It is easy to think that our weaknesses are inherited and our accomplishments original.

As our Executive Director earlier this month said to the Michigan State Pharmaceutical Association, "There are still those who call affiliation a dream and a panacea." *Affiliation, local-state-national unity, is not a panacea; it is a mechanism. It is not a dream; it is a reality in nine states already.* Perhaps the affiliation mechanism APhA is advocating is imperfect. The Constitution of the United States is not a perfect document, and we are implementing and amending it all the time. No one recommends destroying it or dissolving our national unity because of its imperfections. Likewise no one should call himself a good citizen if he just complains but offers no alternative or improvement. That is why the APhA encourages all states to undertake discussions and examinations of affiliation and not to vote until it has been thoroughly discussed. After full discussion, no one should call a majority vote by all pharmacists coercion. Democracy does not require that all minorities be satisfied with government policies and laws; it just guarantees each group the freedom to evaluate and vote.

Communication and discussion are most important today. While I was attending the sessions of the Legislation Reference Committee at the AMA meeting, Bill Apple was appearing as a witness at several other reference committees, where he explained pharmacy's positions and views on resolutions being considered. I have heard Bill Apple plead pharmacy's case before the AMA Board of Trustees, AMA reference committees, and before the Congress of the United States. I am sure that you share my confidence about the expertise with which pharmacy's case is given on such occasions.

In a few days, the American Veterinary Medical Association will be meeting. APhA again will be represented at the meeting, this time by John Fay, the Secretary of the APhA's Academy on the General Practice of Pharmacy. As you know, the APhA and the AVMA are working on a code of understanding to be implemented by pharmacy and veterinary medicine. This Fall, I will be representing you at the annual meeting of the American Dental Association. *Not a week goes by that an APhA officer or staff member isn't representing pharmacy and you at national meetings of related health professions or public health organizations. If APhA served no other function, it would need to exist just to perform this essential service for pharmacists.*

When Congress returns from the July holiday recess, final passage of the medicare bill is certain. As you know, H.R. 2, the Drug Abuse Control bill, now has been approved by the Senate and could become law any day. No one will know exactly the final contents of H.R. 2 and H.R. 6675 until they go to the President's desk for signature.

APhA has been working to protect your interest in the medicare bill. We have urged the Congress to incorporate freedom of choice of pharmacy in any Kerr-Mills expansion provisions of the medicare bill. By inserting the freedom of choice language APhA has suggested in Title XIX of the medicare bill, the Congress will assure community pharmacists of a continued opportunity to provide pharmaceutical services to welfare patients.

Another section of the medicare bill of special interest to us pharmacists is the section dealing with pharmaceutical service to extended care facilities, or Section 1861 (j). This section requires extended care facilities to provide "appropriate methods and procedures for the dispensing and administering of drugs and biologicals." What the government will consider "appropriate" in this context is most important to the recipients of the care and services and the profession of pharmacy—important from the standpoint of the health, safety, and welfare of the nursing home patient, but also important because the pattern established may well become the format of the future.

The nursing home drug services envisioned in Section 1861 (j) are not new to us at the APhA. You will recall that we participated in the development of guidelines for pharmaceutical services in nursing homes and published a 32-page booklet on it for you. Additionally, we have worked with several states to help establish rules and regulations governing pharmaceutical services in nursing homes. We have done this because APhA is devoted to helping pharmacists to be successful practitioners. We want to help you meet the changing demands of the times.

As Bill Apple said in Michigan, and I quote, "Regardless of our personal political or professional beliefs, all of us, I think, recognize that we are on the edge of tremendous change in the mechanism used in our country to provide medical care. The change poses not only the questions of where, when and how services will be performed, but it also asks how they will be paid for. Furthermore, it is not just a question of the aged but of our entire population; not just a question of the indigent, but of those who can pay for it."

Why should APhA work so hard to make sure that pharmacists are justly and equitably represented in any medicare program? Why should APhA develop prepaid prescription studies, or propose a reclassification of drugs, or develop the APhA Pharmaceutical Center Program or formulate other progressive, self-help programs for you? APhA does it because its members want APhA to be in tune with the times; they want APhA to help them be successful, independent practitioners who can meet changing public demands.

What are some of these changes? Here are just a few for you to consider:

Change One: The population of our country increases by nearly three million persons a year. In other words, every year we are increasing our population by an amount equal to fifty times the population of Atlantic City.

Change Two: According to a Census forecast, we are now moving toward a point where, within a year or two, one-half—let me repeat that, one-half—of the population of the United States will be 25 years old or younger. At the other end of the scale, the aged population of this country is now 18 million and is growing at the rate of 1,000 a day. You and I, the pharmacists of this country, are in the middle, trying and wanting to meet the enormous pharmaceutical service needs of these young and old people.

Change Three: The number of Americans hospitalized every year has climbed 50 percent since 1950 and yet almost half of our hospitals are without pharmacists and pharmaceutical services, despite the fact that utilization of drugs in hospitals has increased 56 percent over the last 15 years.

The APhA recognizes that these changes are going to have a tremendous impact upon the profession of pharmacy and upon the way you practice. That is why:

APhA never passes up an opportunity to remind Congress that every government program must include the freedom of choice principle;

APhA has opposed federal mortgage money for physicians to build clinics in which they would own the pharmacies;

APhA six years ago convened a national conference to alert the profession to the dangers of mail-order prescription service, and why APhA has worked with state pharmaceutical associations, state boards, the National Better Business Bureau and the Federal Trade Commission to curb this bootleg practice of pharmacy;

APhA five years ago began a study of prepaid pharmaceutical services;

APhA has sought to show pharmacists the part they can have in providing pharmaceutical services to nursing homes;

APhA started the health education center service program;

APhA has established special commissions and committees to study some of the more complex problems of pharmacy, such as outpatient dispensing, government drug procurement, and others;

APhA has prepared and advocates interprofessional codes of understanding;

APhA has proposed a reclassification of drugs so the pharmacist can better protect the self-medicating public;

APhA has changed its structure to establish two academies, the Academy of General Practice of Pharmacy and the Academy of Pharmaceutical Sciences, both of which not only serve their members but also provide the Association with expert advice and grass-roots facts and opinions;

APhA will hold a conference on pharmacy ethics this Fall;

APhA is constantly seeking new ideas and methods for use by community pharmacists, such as the professional fee, which, by the way, has now been declared the official, approved method of reimbursement for pharmacist services in the Provinces of Manitoba and Ontario, Canada, and is being studied in the other provinces of our northern neighbor.

I could go on and on adding items to this list. APhA makes no claim that it has or is working on all the problems of American pharmacy. I can say, however, that given the support APhA deserves, we would be willing to do so. Each of you has his own idea about what is most important and needs to be done first.

Some pharmacists want a constitutional and enforceable resale price maintenance law;

some pharmacists want the elimination of the chain-operated pharmacy within their trading area;

some pharmacists want the elimination of the prescription department from the grocery superstore across the street;

some pharmacists want a federal or state law requiring the sale of every drug—for human or veterinary use—in a pharmacy;

some pharmacists want the opportunity to purchase drugs at hospital prices;

some pharmacists want the opportunity to purchase drugs at doctor's prices;

some pharmacists want the opportunity to own or lease the pharmacy in a hospital, medical clinic, or physician's building;

some pharmacists want to belong to a union that would guarantee $15,000 a year for a 30-hour work week;

some pharmacists want the economic opportunity to practice as full-time health professionals;

some pharmacists want prepaid pharmaceutical services for the entire public;

some pharmacists want the defeat of the medicare bill;

some pharmacists want the medicare bill to include pharmaceutical services to non-hospital patients;

some pharmacists want the legal right to substitute a different brand for the one specified by the prescriber;

some pharmacists want the legal right to have their clerks dispense legend as well as OTC drugs under supervision;

some pharmacists want the profession unified through affiliation so that it can cope with big government, big labor and big business.

As I said, each of you could probably add to this list from one to a dozen more items of interest, concern and worry to you. If you stop to think for a minute, you will recognize that your local and state associations do not have the resources to solve all of these problems. Neither does the APhA today, nor does any specialty organization in American pharmacy.

If pharmacists want some of these problems solved, they are going to have to supply the tools and the materials. You cannot do a $20 million job with $1 million. Anyone who thinks that it takes only money is unrealistic; it takes the active participation of members as well as their dues money.

Note also that I said if pharmacists want to have *some* of these problems solved. . . It would be unrealistic to assume that organized pharmacy could solve all of the problems confronting every pharmacist. Other forces, such as the public and the government, take an important part in solving our problems—sometimes to our liking, sometimes to our dislike.

One thing the APhA must not and cannoe afford to do is to dilute its efforts by undertaking activities already underway, and satisfactorily so, by others. Some problems and activities are better worked upon by the specialty organizations in American pharmacy. Resale price maintenance is one such example. The excise tax reduction is an example of successful effort. While the APhA does not agree with the National Association of Chain Drug Stores on some issues, we certainly want to acknowledge publicly and to compliment them on their initiative and skill in leading the fight for the excise tax reduction.

The American Pharmaceutical Association is made up of pharmacists who practice in every specialty of the profession. The majority of our members—as in your own associations—are pharmacists who directly serve the public. It is a fact, however, that pharmacists who own their own pharmacies are a minority of the profession today, and it is most important that this minority have the support of the majority.

An effective organization accomplishes work far in excess of the sum of its parts. There is no one group in the profession that can survive, let alone progress, without the encouragement and support of the other pharmacists. There is only one profession of pharmacy, regardless of the number of specialties we develop. That is why there can be only one national professional society and only one state professional society, and only one local professional society in their respective areas.

In conclusion, I hope we can all agree it is essential that each of us—regardless of his specialty or of the state in which he practices—each of us must become increasingly interested and knowledgeable about the changes taking place in pharmacy, in health care, and in our country.

One of the agonizing failings of the human race is that each succeeding generation seems to convene without bothering to read the minutes of the last meeting. Let us hope that the profession of pharmacy, with its dedicated practitioners and its 113-year-old, progressive national professional society, does not have such a failing. Let us have continuity of professional effort and experience so that the future will always be better than the past for us pharmacists. As the elected President of your American Pharmaceutical Association, I assure you that the APhA will try to see what is on the horizon for you. Its job is to look back for the benefit of experience, and to look ahead for opportunities for you.

—o—

Obituaries

HERBERT B. RUDO, 56

A 1930 graduate of the U. of Md. School of Pharmacy, Herbert Rudo died on July 11 in Prince Georges General Hospital where he had been taken following an automobile accident in which he sustained the injuries which later proved fatal. He was a native of Baltimore.

Following a period during which he was a partner in his father's wholesale grocery business, Mr. Rudo opened a pharmacy on Eastern Avenue, near City Hospital, in 1954. For the last two years, he had been a pharmacist with the Dolfield Pharmacy on Dolfield Avenue. He was an active member of the Maryland and Baltimore Metropolitan Pharmaceutical Associations.

Herbert Rudo is survived by his wife, the former Rebecca Neuman, his father, Barnett Rudo, a daughter, Mrs. Marilyn Hurwitz, a son, Dr. David Rudo, a brother, a sister, and 3 grandchildren.

ALPHONSE POKLIS

Services were held in Chestertown, Maryland, for Alphonse Poklis, 47, who died here July 27.

Mr. Poklis was born in Baltimore, graduated from Sparrows Point High School, and received his B.S. from the University of Maryland School of Pharmacy in 1940. He had attended the 25th Anniversary Reunion of his class on June 17.

He opened the Chestertown Pharmacy on High Street, Chestertown, Md. in 1955, and was its proprietor until his death.

Mr. Poklis, a member of the Maryland Pharmaceutical Association, is survived by his wife, Josephine; a son, Alphonse, Jr.; two daughters, Joanne and Laura Ann, two brothers, and his father, Joseph.

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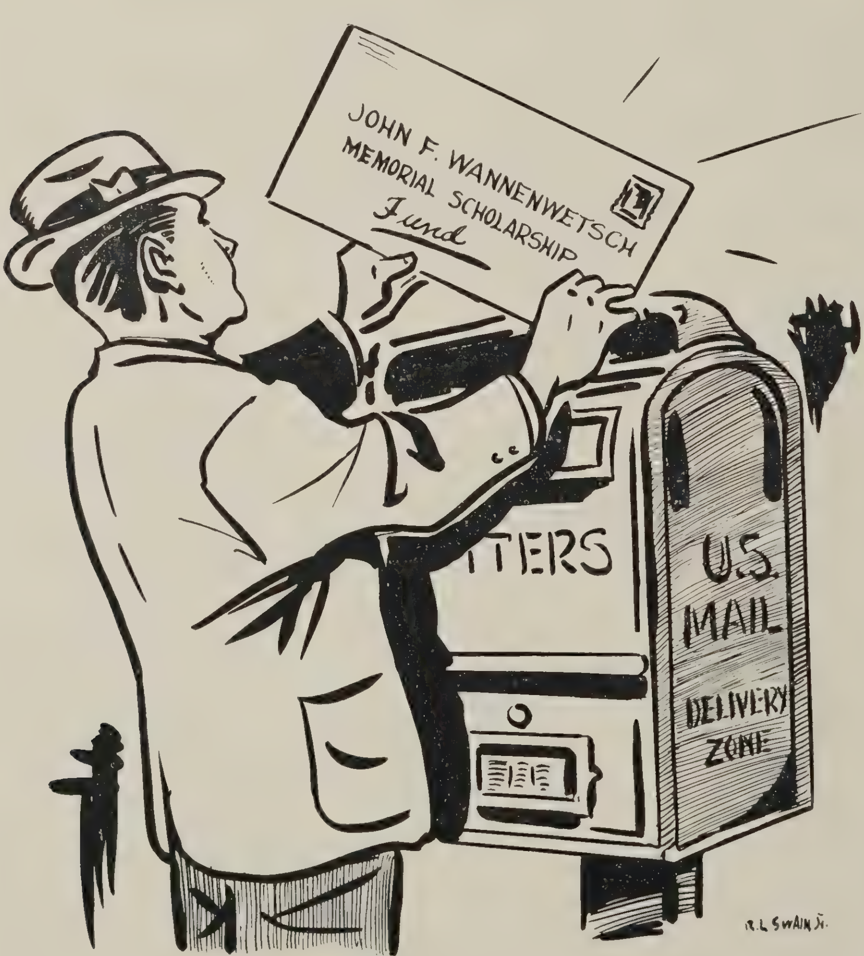
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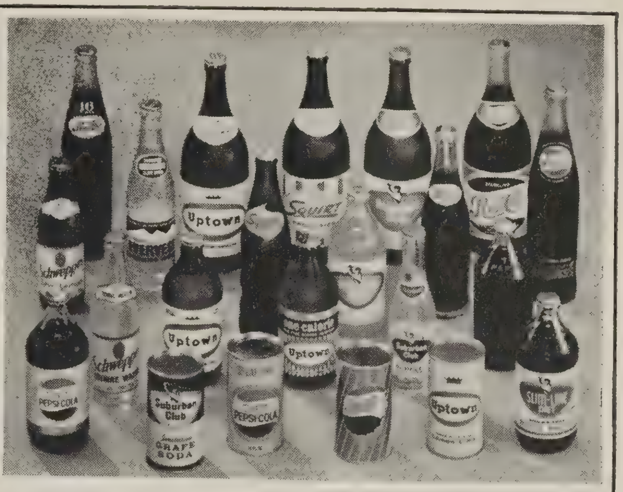

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TRADING STAMPS AND SMALL BUSINESS
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PRESCRIPTION PREPAYMENT PLAN: CALIFORNIA
PHARMACEUTICAL SERVICES
by Benjamin J. Klingwell

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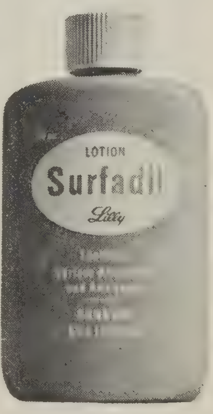

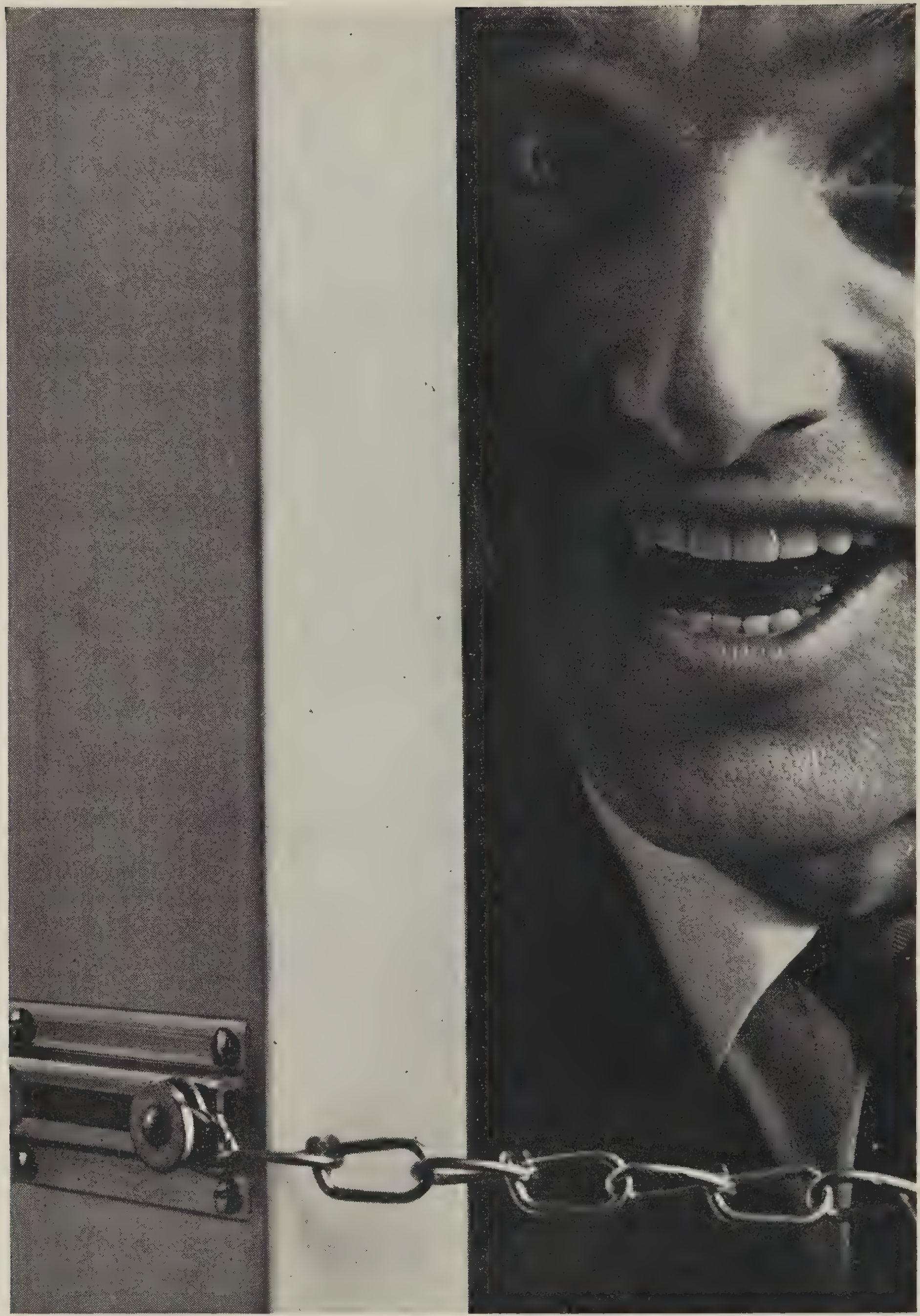

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The Maryland Pharmacist

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TABLE OF CONTENTS

Page

Editorial: Drug Abuse Amendments of 1965 704
The President's Message 706
The Secretary's Script 708
Trading Stamps Rapped 710
Dean Tice Elected President, A.Ph.A. 712
Pharmacist Exhibits at Hospital Convention 712
News Items 714
Paid Prescriptions 715
by Benjamin Kingwell
A.Ph.A. Committee on Disaster 720
More News 721
Maryland Board of Pharmacy 722
T.A.M.P.A. Tattler 729
by Joe Hugg
B.M.P.A. President's Message 732
BOOK REVIEW: **The National Formulary** 734
by Peter P. Lamy
Viewpoint of the Community Pharmacist 736
by Morton J. Schnaper
Obituariies 738
Products 741

PATRONIZE OUR ADVERTISERS

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Editorial . . . . . .

DRUG ABUSE AMENDMENTS OF 1965

- H.R. 2 -

On February 2, 1966 the Drug Abuse Amendments of 1965—H.R.2—became effective.

As a result of the diversion from legitimate channels of certain stimulant, depressant and psychotoxic drugs, H.R.2—the Drug Abuse Amendments of 1966—was passed by the U.S. Congress. Widespread publicity in all media concerning inadequate controls on the manufacture and distribution of amphetamines and barbiturates brought pressure for more stringent regulation in the interest of public health.

A major source of unlawful distribution has been from "basement" or "garage" manufacturers and repackagers, and then to truck stops and other outlets. Nevertheless both the pharmacists and the physicians of the nation have also been subjected to further regulation under the provision of H.R.2.

Although the majority of pharmacists discharge their legal and ethical responsibilities in a conscientious manner, legislators concluded that every person in the chain of distribution required greater accountability.

Some of the provisions of particular pertinency to pharmacists are:

> Effective February 2, 1966, pharmacists will have to inventory the drugs covered by the new act and to maintain records of purchase, sale and distribution.
>
> Most unfortunate of all, the law authorizes agents of the Food and Drug Administration to inspect the records of pharmacists at any reasonable time.
>
> Prescription orders will be valid for only six months after date of issue, Refills will be limited to *five* and for a maximum period of *six months*.
>
> Physicians who regularly dispense these drugs must maintain the required records and are likewise subject to inspection. Medical representatives also must keep records.

In Maryland, pharmacists have been subject under the State Pharmacy Act to regulation similar in many respects to that in the new federal law.

Of course, this legislation further erodes the area in which pharmacists could exercise a measure of independent professional judgment.

Among the hallmarks of a profession are the performance of service in the public interest and the exercise of self discipline on the part of members of the profession.

Most pharmacists are now certainly convinced of the benefits of an effective code of ethics and of self regulation through a State Board of Pharmacy which has the authority to promulgate professional standards.

Pharmacists can prevent public clamor for further Federal regulatory legislation by continuously examining and evaluating their pharmaceutical practices. Strict adherence to legal requirements, to the dictates of the public interest and to codes of professional conduct will provide no grounds for criticism.

Pharmacists have been recognized as integral members of the health care team. This recognition carries with it privileges, obligations and responsibilities in serving the pharmaceutical needs of our communities.

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President's Message . . . . . .

Dear Fellow Members:

In response to a great hue and cry from pharmacists, the Maryland Pharmaceutical Association has established a number of programs of continuing education for pharmacists. We have the Simon Solomon Pharmacy Economics Seminar and the Robert L. Swain Pharmacy Seminar, as well as educational programs at our regional meetings and Annual Convention.

The resulting attendance has been very disappointing. These programs have been set up at a great deal of sacrifice in terms of both money and energy, yet when the time has come, attendance has been disgracefully poor.

There seems to be a great deal of discussion about the need for continuing pharmaceutical education, encompassing such subjects as new drugs. There is need for refresher knowledge in pharmacology, pharmacy and related subjects. However, an extremely small percentage of the total number of pharmacists in the State take advantage of these opportunities.

Continuing education is part of the responsibility of a professional person, especially in the health fields. I look forward to an increased response to these programs. They require tremendous work and a great deal of time by our officers and committees in order to present outstanding speakers.

Plans are already being made for the Sixth Annual Robert L. Swain Pharmacy Seminar in March. I urge all of you to avail yourselves of this one-day-a-year chance to learn the latest knowledge of professional and scientific advances in our field.

It is one of my immediate goals for this Association to obtain greater participation by our members in our educational programs; otherwise, it will be necessary to cut down or eliminate some part of these programs.

To close on a more positive note, I wish to commend T.A.M.P.A., and especially the Entertainment Chairman, Herman Bloom, for its efforts in making our Annual Convention a success.

In 1966 our Convention will take place in beautiful Tamiment-in-the-Poconos. I urge all of you to reserve June 27-30, 1966, and plan to attend what promises to be a great Convention.

Sincerely,

Alexander J. Ogrinz Jr.

President

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Secretary's Script . . .

A Message from the Executive Secretary

In this message, three of the many services of your State professional pharmaceutical society will be highlighted.

Pharmacist Placement Service

First, the Association maintains a "Pharmacist Placement Service". A list of full and part-time positions is maintained. Hardly a day passes without several calls or letters from pharmacists seeking positions or employers reporting the need for a pharmacist.

This is a professional method of meeting personnel requirements by operating through one's own professional association.

All members of the Association are urged to call upon the Association office for assistance in meeting their employment problems. There are also occasional requests for placement by non-licensed persons for positions as *clerks* in pharmacies.

Legal Counsel

A second valuable service is the retaining of expert legal counsel on problems concerning pharmacy and pharmacy practices. The Association office can be contacted by members desiring to avail themselves of legal counsel experienced in laws and ordinances—Federal, State and local—pertaining to professional and business aspects of pharmacy and drugs.

Legislative Representation
Minimum Wage Legislation

M.P.A. represents you before State governmental bodies and provides information on legislative matters concerning all political subdivisions.

A State minimum wage law of $1.00 per hour became effective on June 1, 1965. Your Association was able to obtain the following exemptions from the provisions of the law:

1. "Drug stores which sell food and drink for consumption on the premises".
2. Employers with less than seven (7) employees.
3. Executive, administrative and professional personnel.
4. Students regularly enrolled in primary and secondary schools employed after school hours or during vacation.
5. Individuals over 62 years old who work not more than 25 hours a week.

For Baltimore City, regulations have been issued under the city ordinance which was effective December 3, 1964.

Employers employing eleven (11) persons during at least 15 days in the preceding twelve full months are covered. All persons who are exempt from this ordinance are included in determining the number of employees.

The Baltimore Metropolitan Pharmaceutical Association worked successfully to procure the following exemptions in the $1.00 per hour minimum wage law:

1. Persons who customarily receive gratuities as part of their salaries in drug stores which sell food and drink for consumption on the premises.
2. Persons employed in a *bona fide* executive, administrative, or professional activity.
3. Students regularly enrolled in primary and secondary schools who are employed after school hours or during vacation.

Guidance regarding both the State and Baltimore City laws is available upon request from the M.P.A. and B.M.P.A. office.

Nathan I Gruz

Executive Secretary

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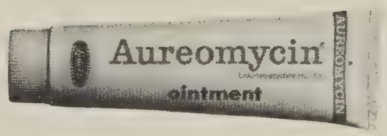
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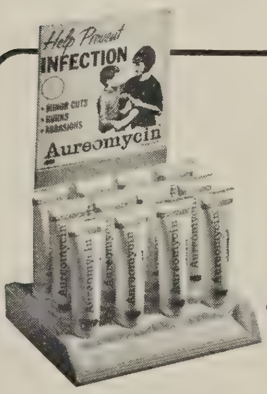
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N.Y. Congressman Raps Trading Stamps

Congressman Lester L. Wolff (D., N.Y.) read into the Congressional Record of August 18, 1965, his intention to expand his well-known trading stamp inquiry into the drug field and gave as his reason the possible connection between "high drug prices and the use of trading stamps."

Representative Wolff reiterated the fact that his Committee had already established the relationship between the stamps and the rising cost of food, through an investigation he had been chairing. His claim was substantiated, he said, by the fact that the Nation's two largest food chains have maintained that trading stamps are indeed a direct contribution to increase in prices in their stores.

He cites a dramatic example in his own State where two large chains whose total sales account for 263 million dollars per year have discontinued stamps and announced that they are "passing the savings on directly to the consumer in price cuts in over 4000 items." Mr. Wolff emphasized that any Congressman who championed the repeal of excise taxes in order that the savings be passed on to the consumer must applaud equally such a phenomenon as it relates to trading stamps.

It is not only the poorer, less well-informed segments of the population who suffer the most from the inflation caused by trading stamps, but it could mean a decreased demand for farmers' goods themselves, eventually.

Further, certain irregularities become more and more glaring as Representative Wolff's investigation proceeds. Briefly, these lie mainly in the area of false reporting about unredeemed stamps and that perhaps as many as 384 billion stamps since 1950 come into this category. Government income tax is thus lost.

Some of the other points which bother Mr. Wolff about stamp companies are 1) their failure to respond to invitations to meetings on the subject, 2) false advertising, which misleads people into thinking they are getting something "free," and their persistence in what amounts to harassing of small businesses.

Congressmen Wolff closed his remarks by announcing a meeting which he has called for August 31, some of the content of which is described in this issue of *The Maryland Pharmacist.*

Gesoalde Speaks Against Trading Stamps

At a Trading Stamp Conference called by Rep. Lester L. Wolff (D.,N.Y.), and held in Washington, D.C. on August 31, 1965, one of the principal speakers was Mr. Nicholas S. Gesoalde, Executive Secretary of the Pharmaceutical Society of the State of New York. He stated clearly at the outset of his talk that "the Pharmaceutical Society of the State of New York and I, personally . . . are opposed to the practice of giving trading stamps, and we consider problems relating to their distribution to call for corrective legislation."

Mr. Gesoalde related what he called the dual nature of the pharmacist—professional man and business man—to trading stamps. The first aspect was dismissed, since there has been a ruling in New York State that it is unprofessional conduct to offer trading stamps with prescriptions, just as it would be for a physician, dentist or lawyer to do so for his services. The pharmacist, then, is affected by the trading stamp problem in his capacity as a business man. The pressures presented by the stamp salesman who threatens him with images of his competition down the street giving stamps are apparently extremely difficult to surmount. Although the drug store proprietor knows the trading stamps will drain his profits, he fears them more in the hands of competitors, while his remain "empty". It is a common story.

Mr. Gesoalde explained in cold, factual terms of profit and loss how untenable it is for a small business to improve or even to sustain its margin of profit after taking in stamps. Further, many people have reported that although they are sorry to have started the practice, they don't know how to end it.

He answered the claim of the stamp companies and their statisticians that stamps are simply another form of promotion by showing how advertising and special promotional features are transient, often "one-shot" occasions, such as sales or drawings, but that trading stamps represent a *continuous, sustained* drain on profits. To quote, "once they are taken on, the retailer has a monkey on his back that simply drains off two or three percent of his profit. (They) cannot be compared to other regular or special promotions—they are in a treacherous and insidious class by themselves."

He indicated that when most stores of a given type in any area all give stamps, there is no competitive advantage to be gained. Therefore, the cost must be absorbed by the selling price. There are those small business men, too, who can't raise prices on nationally advertised products and who don't have off-brand merchandise to push; they must pay from their own pockets. This literally can force them out of business.

From the point of view of the consumer, Mr. Gesoalde thinks the customer is being deceived into thinking he is getting "something for nothing." But this is clearly a deception, since supermarkets and pharmacies have had to raise prices as much as three to five percent as well as to install "off-brands with huge mark-ups and fictitious list prices" in order to offset the cost of trading stamps.

The consumer does not, as stamp companies indicate, break even, since merchandise is not valued at true market price, but at an inflated price.

In addition, while companies argue that they boost the economy through their own purchases, the fact is that this amount is equal to that removed from the pockets of the business community. "These are sales that would be made by normal merchants," Mr. Gesoalde said.

Another problem is that of unredeemed stamps. Congressman Wolff has pointed out an inconsistency on the part of stamp companies in reporting statistics on this matter. It would seem that the Government may not have received all the taxes it should have through this maneuver, with windfall profits falling to the stamp companies.

In his concluding remarks, Mr. Gesoalde stated:

> "There is no business so large, that causes so much economic heartache, that is so clouded with misinformation and mystery, that is based upon such a false premise, and yet which is so poorly regulated in our nation as the trading stamp business. Many states have outlawed them, and it is our belief they are on the right track."

He commended Congressman Wolff on his forthright position on this question and suggested that strict regulation and control, if not actual outlawing, of trading stamps was necessary, since the only people who benefit from stamps are the companies themselves.

Mr. Nathan I. Gruz, Executive Secretary of Maryland Pharmaceutical Association, attended the conference by invitation of Congressman Wolff.

—o—

Dean Linwood Tice Elected President of A.Ph.A.

Linwood F. Tice, educator-pharmacist of Philadelphia, has been elected 1966-67 President of the American Pharmaceutical Association. Well known to Maryland pharmacists, Dean Tice has often spoken to M.P.A. members and, in fact, his last appearance here was on the occasion of the Third Annual Robert L. Swain Seminar in March 1963.

Mr. Tice is now serving his second elected term on the A.Ph.A. Council and is immediate Past Chairman of the House of Delegates. He has served as President of the American Association of Colleges of Pharmacy and is a member of the Board of Trustees of the *United States Pharmacopeia.* He is Vice President of the American Council on Pharmaceutical Education, and served for a term as a Director of the American Foundation for Pharmaceutical Education. In 1963, Dean Tice received the A.Ph.A. Foundation Research Achievement Award for the Advancement of Pharmacy.

The Dean of the Philadelphia College of Pharmacy and Science will be installed with the other five elected officers on April 29, 1966, at the close of the A.Ph.A. meeting in Dallas, at which time the tenure of the present officers will end. Elected to the position of First Vice President was Robert G. Gibbs of Des Moines; Benjamin J. Kingwell of Monrovia, California, was elected Second Vice President.

A.Ph.A. Council terms will be held from 1966 to 1969 by William B. Hennessy of Detroit, Richard G. Henry of Madison, Wisconsin, and John H. Neumann of Aurora, Illinois.

Pharmacist Demonstrates Narcotic Control To Hospital Association Convention

Joanne B. Hambright, Chief Pharmacist for the Southeastern General Hospital, Lumberton, North Carolina, presented her findings dealing with the control of narcotics to be administered to hospital patients at the American Hospital Association convention.

She showed that the problem can be solved easily and accurately when the drugs are kept in single dose containers or tablets. The pharmacist's exhibit further indicates that formerly the pharmacist and nurses had to spend hours taking inventory, distributing, and receiving narcotics from the hospital pharmacy; this often resulted in pilferage, increased opportunity for medication errors, burdensome recordkeeping, and greater use of storage space.

Narcotics for injections are supplied in individual Tubex Sterile Cartridge needle units (Wyeth) so that they can be counted with ease and accuracy. Tablets of narcotics for oral medications are kept in plastic counting units. The pharmacist can move supplies of these two unit-dose dispensing systems on a cart to the nursing stations in the hospital.

The ease and accuracy of counting under the new system is even more important in the light of new Federal legislation which requires further controls on barbiturates and amphetamines.

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V. P. Yaffee Subject of Feature

Morris R. Yaffee, First Vice-President of M.P.A. and a past President of the Prince Georges - Montgomery Pharmaceutical Association, was featured recently in an article in the *N.A.R.D. Journal.*

Mr. Yaffee's pharmacy, the Potomac Village Pharmacy, was recognized as an outstanding example of a community pharmacy. His store can point to an employee list of fourteen, including two pharmacists; two delivery cars; charge account system equipment and income tax-deductible records for the convenience of patrons.

Located in one of the State's most beautiful communities, the successful Potomac Village Pharmacy has an attractive, Colonial exterior which blends harmoniously with the surrounding shops, and includes a notary public and post office substation.

Morris Yaffee has been in the Potomac location for eight years.

Food Grade Dextrose May Be Lactose Substitute

Miles Laboratories research teams report that food grade dextrose, which is much less expensive than spray-dried lactose, may be a suitable substitute for all or part of the lactose in certain tablet formulations.

The scientists compared the tableting characteristics of formulations using dextrose or spray-dried lactose as the excipient in direct compression systems. The tablets were evaluated under accelerated stability conditions; hardness, friability, disintegration time, and dissolution rate were measured.

Tests were conducted concerning runability, disintegrability, and aging of these products and in general showed that Dextrose required more lubricant; that the same substances improved the physical characteristics of either tablet when added and that in most cases, increase in disintegration times was somewhat greater for lactose.

Strip Packaging Seen Best Tablet Protection

A report has appeared in the *Journal of Pharmaceutical Sciences* which shows cellophane and aluminum foil strip packaging to afford tablets better moisture protection than well-closed glass or plastic containers.

This is one of the results of a study of the effects of temperature and humidity on the stability of aspirin and ascorbic acid tablets by three Purdue University researchers, Sumtung Lee, H. George DeKay, and Gilbert S. Banker.

It was noted that moisture does affect drug stability and that a relationship does exist between tablet hardness and moisture absorptive capacity. The harder tablets absorbed less moisture and were more stable. Calcium sulfate and cellulose as dilutents gave the most stable tablets of the two drugs.

The authors concluded that dilutents with low levels of moisture sorption which are compressed readily into hard, nonporous tablets appear to provide the best matrices for tableting moisture-sensitive drugs.

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Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

Prescription Prepayment Program—California Pharmaceutical Services

Presented to the Annual Convention of the Maryland Pharmaceutical Association, June 29, 1965

by

BENJAMIN F. KINGWELL

The PAID PRESCRIPTIONS program has been successful in its efforts to create interest in and to establish in the minds of pharmacists the urgent need for a national prepaid prescription program. We have received requests for information about the program and its potential for pharmacy from all over the Country.

The potential is unlimited in all areas of the Country. The PAID PRESCRIPTIONS program is capable of being the national prepaid drug program; all that is needed is the cooperation of the profession in developing and promoting the program in all areas. The goal of PAID PRESCRIPTIONS is to establish a flexible program that will be operationally sound anywhere in the Country, to improve pharmaceutical service to the public, benefiting both the patient and the pharmacist.

I want to emphasize at this time that PAID PRESCRIPTIONS was not started solely to benefit a few pharmacists in California, but to benefit pharmacists all over the Country. There seems to be a belief shared by pharmacists outside of California that anything that originates in California is a questainable operation. There are not any individuals in California who are going to make a "killing" as the program expands. The program is pharmacy's program; it is your program.

PAID PRESCRIPTIONS was incorporated in August 1964. In February of this year, the United States Department of Justice granted a "railroad release" or business review letter. In the short time of only ten months, a sound but flexible program has developed. We have had to, and will continue to have to, walk a very narrow legal path. There have been no guidelines to follow, no previous mistakes to avoid. Our own procedures and methods have had to be developed, which has taken much time and money. The concept, potential, and ability of pharmacy's prepaid drug program has had to be established in the minds of groups of potential patients.

Through hard work and dedication to the necessity of such a program for the future of pharmacy, PAID PRESCRIPTIONS is now operational in California and ready to expand to other states. Good professional promotional material for prospective Beneficiary Member groups has been developed. The methods best to contact these groups have been determined. We have been successful in our efforts in California where several thousand people are receiving pharmaceutical services today, and we are currently involved in negotiations involving several hundreds of thousands more people. Requests for bids and for information from potential Beneficiary Members have been coming in increasing numbers.

PAID PRESCRIPTIONS has been appointed to an open end trust with the Northern California Teamsters Union automatically to provide the drug benefits for their members as new local contracts are negotiated. The flexibility of the program can be illustrated by the development of a contract with the California Department of Social Welfare to provide the drugs to the public assistance recipients of the State; this is presently being negotiated.

Contracts can be developed to fit any type of potential Beneficiary Member Group. Beneficiary Member groups are labor unions, employer-employee groups, professional groups, government groups, and many others. Some day, individuals may be able to participate in the program.

Every state pharmaceutical association has received a copy of the prospectus for the development of an interstate and nationwide PAID PRESCRIPTIONS program. This prospectus explains the program, its mechanics, and its benefits to the public and the pharmacist. I am going to describe briefly the mechanics of the program, so that you will be better able to visualize its capability as we examine the need for it. The program operates like a credit card system, similar to those of the major gasoline companies. It is completely automated and utilizes the latest data processing concepts. There are three members in PAID PRESCRIPTIONS; the pharmacy, or Participating Member, the pharmacist or Professional Member, and the patient or Beneficiary Member. The patient is issued a plastic identification card, and the participating pharmacy has an imprinting machine and PAID pharmacy audit forms. The pharmacist fills the patient's prescriptions, imprints the I.D. card onto the audit forms, charges his normal prescription fee, collects the $1.00 to $2.00 deductible per prescription from the patient, and the patient signs the audit form. The pharmacy then bills PAID PRESCRIPTIONS for the difference between the prescription fee and the deductible collected. It takes less than 30 days for a pharmacy to receive payment for a submitted bill. The pharmacy will be paid just as fast as his bill can be audited, processed, and the check mailed, all by automated procedure. This period of time will decrease as the program increases in size.

The dues to the members of the program are as follows. At this time there are no dues for the pharmacist, but he must subscribe to the PAID PRESCRIPTIONS Code of Ethics. Dues for Beneficiary Members are actuarily determined. The Participating Member Pharmacy pays $30.00 per year, which essentially pays for the rental of the imprinting machine and supplies. There is a one-time application fee for the pharmacy of $70.00 which enrolls it in the program. It only costs the pharmacy $100.00 the first year, and $30.00 each year thereafter.

As I stated previously, the program is completely automated. The programming and operation of IBM equipment is very expensive. The drugs covered by the program have been compiled, coded, and programmed. Other information desired for drug studies, studies about drug prescribing habits, etc., has been programmed.

With this brief understanding of how PAID PRESCRIPTIONS works, let us now look at the need for it to operate on a national level. The economics of pharmaceutical services in the immediate future and consequently the distant future is extremely questionable at this time; indeed, there is a question of whether pharmacy will be able to control the economics of its own profession. Whoever controls the economics will control the profession and the caliber of pharmaceutical service provided to the public. With organized labor's increased interest in drug benefits for its members, with the acute necessity of private health insurance companies and physician-operated prepaid service plans to expand their benefits, and with Federal government legislated health care a certain reality, what is going to happen to drug distribution? Where does the pharmacist fit into the picture in a position to influence the services he provides? What agencies and organizations are going to pay the pharmacist for professional services rendered? I submit to you that whoever administers the providing of drug benefits through any plan or program is going to have to establish policies and procedures. Would it not be better for the patient and the pharmacist if the latter dispensed drugs through the profession's own program?

Twenty to twenty-five cents of today's health dollar is spent for drugs. Drugs have begun to equal hospital fees and physicians' fees in importance. PAID PRESCRIPTIONS has learned in its research and negotiations that organized labor wants drug benefits for its members. It wants a drug program that will provide benefits to its members wherever they live and wherever they may travel. It desires one national drug program. If the profession of pharmacy does not develop this desired program, labor will establish its own. There are many labor drug programs today, probably because the profession of pharmacy did not develop its program a few years ago.

When one examines the health insurance industry, it becomes readily apparent that 75% of today's population participates in some type of health insurance program. This industry is also a very competitive one. Largely due to the inability of Blue Shield and Blue Cross to integrate and correlate on a national level the many different programs in the various states, private health insurance companies have been allowed to reach their competitive position with Blue Shield and Blue Cross. In recent years a greater percentage of people have enrolled in private health insurance plans rather than the service plans. It is important to know that drug coverage for non-hospitalized recipients is provided only in "major medical" health plans. Pharmacy is going to observe very soon a fantastically increased effort by all types of health insurance plans to provide non-hospitalized drug coverage. Once again, it is so evident and critical that the pharmacy profession have its own plan, so that it can at least be in a position to talk to prospective patients.

The details of Medicare and its relationship to drugs is still questionable. I am going to present briefly what was proposed in California, which has now been delayed for study and most certainly will return. A bill was introduced in the State Assembly, which would allow the Department of Social Welfare to contract with one or more defined agencies or organizations to provide total health care to public assistance recipients, medically indigent people, and other persons *on a prepaid basis.* The critical points are that the bill proposed a total health care package and legislated prepaid health benefits into existence. It would have legislated PAID PRESCRIPTIONS into existence. The bill proposed a complete health package to an ever increasing number of recipients depending on money available from Washington, D.C. It is important to know that the present Kerr-Mills Bill is finished as of January 1, 1967. Whatever Medicare proposes and possibly what was proposed in California is the framework which we are all going to have to adapt to and work within.

This bill in California was supported in earnest by the California Medical Association, California Hospital Association, Blue Shield, Blue Cross, private health insurance companies, and many others. It crystallized the efforts of medicine, hospitals, and private insurance companies to develop **total** health care plans **including drugs**. It has provided the catalyst which will develop these total health care plans to be national in scope. The big health benefit, not as yet covered by health plans, is drugs! Once again we readily see the urgent need for a national prepaid drug program operated by the profession.

One other important concept about the bill is that the minimum care to be provided included outpatient clinic or hospital services, which includes drugs. PAID PRESCRIPTIONS has learned that an outpatient clinic is defined as any place a physician is located.

The future relationship between pharmacy and government-provided health care is going to be determined largely by the ability of the profession to present successfully to state governments a drug program. When the next attempt is made in California to rewrite the Public Assistance program, PAID PRESCRIPTIONS is going to be in a good position to negotiate and to become involved. If PAID PRESCRIPTIONS did not exist today, it would have to be created, and fast.

It is the desire of PAID PRESCRIPTIONS for the benefit of pharmacy, that state pharmaceutical associations endorse the program and become agents for PAID PRESCRIPTIONS in their states. The state association, after legalities are settled, would uniformly solicit *every* licensed pharmacy in the state for Participating Membership at the $100.000 figure. If the association were successful in obtaining over 50% of the licensed pharmacies, its commission would be 15% of the total monies collected. If less than 50% enrolled in the program, the commission would be 10% of the total monies collected. The state association also would provide the leadership and guidance for the successful development of PAID PRESCRIPTIONS in each state.

It is important for every pharmacist to realize that before any group will contract with any drug program, the pharmacies must be enrolled and participating in the program.

I want to direct my closing remarks to that which took place in Michigan a couple of weeks ago, and which is anticipated will take place in other states. It is gratifying to see that the profession is waking up to its responsibility. The development of a prepaid prescription program is a difficult, expensive, and frustrating task that requires individuals dedicated to the overall objective. It is the firm conviction of PAID PRESCRIPTIONS that it is now ready to, and capable of expanding to other states. The profession of pharmacy is in a race to control its own profession. We can win or lose, depending upon which roads we take. The profession can go separately by states, and spend much time, money, and effort developing and duplicating what already is established. This road will lead to the wasting of valuable time and much money. There is no need to duplicate the data processing audit and payment system. Separate programs will lead to confusion among the potential Beneficiary Groups in that X number of programs will be established, probably different in each state. Pharmacy can learn a lesson from the inability of Blue Shield and Blue Cross effectively to administer separate programs in the various states on a national level.

The most critical element the profession faces today is time. The profession is starting late in this important and complex field, and we can't waste any time in developing a national program. All that is needed for pharmacy to have its program is for pharmacists to believe in PAID PRESCRIPTIONS, cooperate and assist in the development and promotion of a program in each state, and for proprietors to invest $100.00 per pharmacy.

If PAID PRESCRIPTIONS could receive this cooperation now, every pharmacist would benefit and the profession would have a greater chance to win the race. A small miracle would happen too, in that pharmacists would begin to participate together on a common project Also, the goal of PAID PRESCRIPTIONS, to establish a flexible program that is operationally sound anywhere in the country and to improve pharmaceutical service to the public, benefitting both patient and pharmacist, could be realized.

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A.PH.A. Committee Cautions On Disaster

Biloxi, Mississippi, was the site of a talk by John R. Kenney, Jr., Chairman of the American Pharmaceutical Association's Committee on Disaster and National Security. He was addressing the District III Conference of Boards and Colleges of Pharmacy on the role of the pharmacist in national disasters.

Mr. Kenney stressed the need for educators and board personnel to assist the A.Ph.A. in its efforts to involve the pharmacist further in programs dealing with disaster preparedness. He said that the danger of a disaster striking any community was one which pharmacists must recognize and prepare for and then hope that the tragedy of a disaster may never befall them.

To carry this message of the pharmacist's role to all sections of the country, Chairman Kenney announced that members of the Committee or A.Ph.A. staff have been scheduled to give similar presentations to the remaining district meetings.

It has long been advocated by A.Ph.A. that pharmacists must exercise a greater and more responsible role in providing emergency medical care. The need for medications during disasters and for adequate methods of control and distribution are areas in which the pharmacist should be intimately involved, and he should be ready to perform with allied health workers at a moment's notice.

Single copies of A.Ph.A's U.S. Public Health Service booklet, "The Role of the Pharmacist in National Disaster" may be obtained from A.Ph.A's Division of Communications, 2215 Constitution Avenue, N.W., Washington, D.C.

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TAMIMENT-IN-THE-POCONOS

New Journal Describes Successful Treatment of Eczema

Abstracta Dermatologica, a new journal designed to provide bimonthly abstracts from the world's medical literature of special interest to dermatologists, described in its first issue Carotin, a substance obtained from ensilaged pumpkins. Carotin is given by mouth and applied locally, and has been used successfully in the treatment of most of 68 cases of eczemas and other skin diseases by two researchers from Russia.

Carotin is the general term for carotenes, the red and orange pigment found in carrots and other vegetables. They are called provitamins because they may be converted by the body into Vitamin A.

The carotin from ensilaged pumpkins used in the Russian study is a homogeneous mass containing 25 to 35 mg of crystalline carotin per milliliter.

Friedman Makes Clean Sweep Of Toni Awards

MPA Vice-President Milton A. (Mickey) Friedman was a awarded the Toni Company's Grand Prize of an Oldsmobile car as well as the regional award of a mink stole for Mrs. Friedman.

Mr. Friedman's "Miss America" products display won these very valuable prizes for him this year, and he is no stranger to display prizes, having garnered quite a few big ones in the past.

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PHARMACY CHANGES

The following are pharmacy changes which occurred during the month of August, 1965:

New

Eugene Leland Memorial Hospital Pharmacy, Dr. Lawrence W. Malin, Pres., 4408 Queensbury Road, Riverdale, Maryland.

No Longer Operating As A Pharmacy

Cross Country Pharmacy, Erwin Deitch, Pres., 5730 Pimlico Road, Baltimore, Maryland 21209.

Lake Pharmacy, Albert Friedman, Prop., 3501 Harford Road, Baltimore, Maryland 21218.

Change of Ownership, Address, Etc.

Sussman's Pharmacy, Samuel Wolfovitz, Prop., 3601 Park Heights Avenue, Baltimore, Maryland 21215. Formerly owned by Hyman J. Sussman, Pres.

Wylie Drugs, Inc., Marvin Davidov, Pres., 4601 Park Heights Avenue, Baltimore, Maryland 21215. Formerly owned by Abraham Schapiro.

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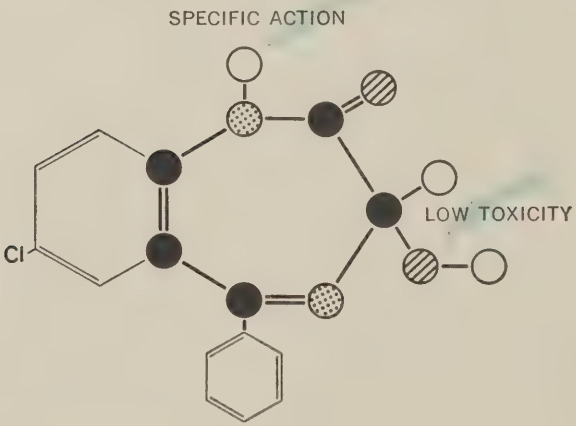
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Mild to moderate anxiety with associated tension, irritability, agitation or related symptoms of functional origin or secondary to organic disease	10-15 mg. 3 or 4 times daily
Severe anxiety syndromes, agitation or anxiety associated with depression	15-30 mg. 3 or 4 times daily
Older patients with anxiety, tension, irritability and agitation	Initially—10 mg. 3 times daily. If necessary, increase cautiously to 15 mg. 3 or 4 times daily
Alcoholics with acute inebriation, tremulousness or anxiety on withdrawal	15-30 mg. 3 or 4 times daily

Precautions: Hypotensive reactions are rare, but use with caution where complications could ensue from a fall in blood pressure, especially in the elderly. Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves; excessive, prolonged use in susceptible patients (alcoholics, former addicts, etc.) may result in dependence or habituation. Reduce dosage gradually after prolonged excessive dosage to avoid possible epileptiform seizures. Caution patients against driving or operating machinery until absence of drowsiness or dizziness is ascertained. Warn patients of possible reduction in alcohol-tolerance. Safety for use in pregnancy has not been established.

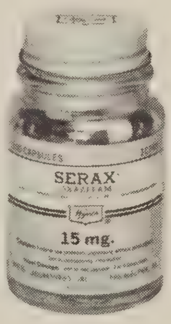
Not indicated in children under 6 years; absolute dosage for 6 to 12 year-olds not established.

Side Effects: Therapy-interrupting side effects are rare. Transient mild drowsiness is common initially; if persistent, reduce dosage. Dizziness, vertigo and headache have also occurred infrequently; syncope, rarely. Mild paradoxical reactions (excitement, stimulation of affect) have been reported in psychiatric patients. Minor diffuse rashes (morbilliform, urticarial and maculopapular), nausea, lethargy, edema, slurred speech, tremor and altered libido are rare and generally controllable by dosage reduction. Although leukopenia and hepatic dysfunction have been reported, direct correlation with SERAX therapy is uncertain (periodic blood counts and liver function tests are advised). Ataxia, reported rarely, does not appear related to dose or age.

These side reactions, noted with related compounds, are not yet reported: paradoxical excitation with severe rage reactions, hallucinations, menstrual irregularities, change in EEG pattern, blood dyscrasias (including agranulocytosis), blurred vision, diplopia, incontinence, stupor, disorientation, fever, euphoria and dysmetria.

Contraindications: Previous hypersensitivity to SERAX; psychotic states.

Availability: Capsules of 10, 15 and 30 mg. oxazepam.



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Volume 23 AUGUST 1965 No. 10

Annual Crab Feast Held

A large crowd including 40 TAMPA members, 11 pharmacists, 26 physicians and guests, attended the annual TAMPA Crab Feast August 12. It was held at Don Devers, Edgewood, Maryland on a perfect day in extremely pleasant surroundings.

Highlight of the affair was the menu, which included an exotic item called camel's milk, as well as the staples of steamed crabs, crab soup, cold cuts, hamburgers, hot dogs, corn-on-the-cob, soft drinks and three different desserts!

Members and guests indulged in the more active sports, such as badminton, horseshoes and volleyball, as well as card games.

The affair was conceded to be a big success by all who attended.

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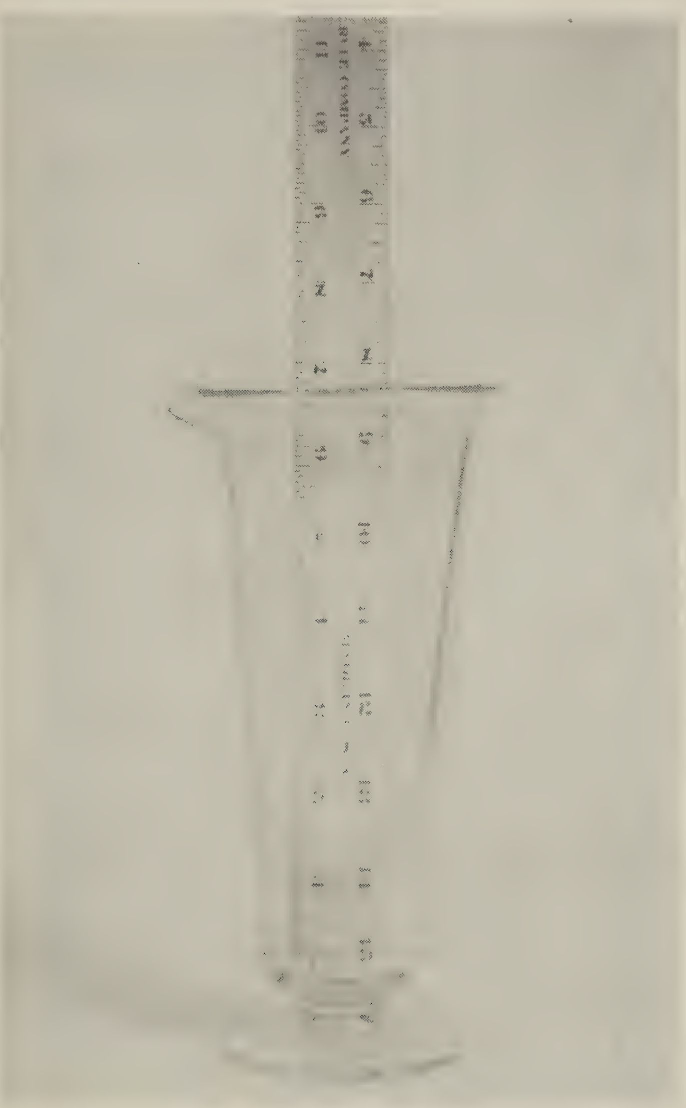

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PRESIDENT'S MESSAGE

Progress in pharmacy has been made by pharmacists joining together in local, state and national pharmaceutical organizations. It is important for all of us to join and support our own associations at all three of these levels.

Members can receive maximum benefit from their professional groups by taking advantage of the many opportunities offered by them. There are opportunities for greater understanding and knowledge at association meetings, seminars and conventions.

You can be a more effective pharmacist by being an informed pharmacist. Applying the lessons of successful pharmacy operations learned from pharmacists throughout the State and throughout the country can result in more efficient professional and business management practices for you.

I am pleased to report that the 13th Annual Mid-Atlantic Drug, Cosmetic and Gift Show of the B.M.P.A. was a success. The members who did not attend missed an opportunity to see new lines of merchandise and to buy show specials. There were many deals and offers which are made available to show buyers only. Remember this next year: attend, buy and thereby help yourself, the exhibitors and the Association.

Chairman Bernard B. Lachman and his Drug Show Committee are to be congratulated on an excellent job. They devoted much time and effort to achieve an outstanding show.

The "Drug Show Committee" has already begun to make arrangements for 1966 for the biggest and most appealing show ever sponsored by the B.M.P.A. The pharmacists' own show should be given first priority by manufacturers, suppliers and all pharmacists.

Meetings are planned this year with exhibitors so that the 1966 show will meet the requirements of both exhibitors and buyers for a truly successful show.

Sincerely,

MARION R. CHODNICKI
President

Whale Hearts Arrive In Chicago

Abbott Laboratories of North Chicago was the recipient of an unusual shipment of experimental material.

Jorgen Jahre, a Norwegian whaling fleet operator, donated three frozen whale hearts, weighing a total of over 1,200 pounds, to medical research.

The object of Abbott's unique project, for which they requested only 160-odd pounds of heart muscle from three different species of whale, is the isolation and structural analysis of a substance called cytochrome *c*. This is one of many proteins found in every cell of the body, but it occurs in especially high concentrations in heart tissue.

Abbott researchers believe that the whale cytochrome *c* will fill an important gap in studies into the cell itself. Earlier research has shown that the protein is a central link in the system responsible for production of energy through rapid metabolism of food. The project seeks to determine how it does its work.

Morganstern on Concert Committee

M.P.A. member, William Morganstern, served on a Committee known as the Woodlawn Concert Committee which was responsible for a concert held August 18 at Windsor Mill Road and Gwynn Oak Avenues.

The program included the United States Army Field Band and the 30-voice Soldier's Chorus in an evening of musical variety.

Mr. Morganstern is the proprietor of the Woodlawn Pharmacy.

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Book Review . . .

THE NATIONAL FORMULARY, **Twelfth Edition.** Prepared by the Committee on National Formulary under the supervision of the Council, by authority of the American Pharmaceutical Association. xliv + 618 pp. 15x23 cm. Published by the American Pharmaceutical Association, 1965. Distributed by Mack Publishing Co., Easton, Pa., Price: $10.00.

The National Formulary XII becomes official September 1, 1965. It reflects the new admissions policies which are based solely upon therapeutic value or efficacy rather than extent of use. This has resulted in 238 new monographs and deletion of 280 monographs. It is evident that a wide therapeutic scope has been covered by the new admissions.

To the pharmaceutical manufacturer, the new National Formulary will undoubtedly be valuable as all monographs reflect recent improvements in analytical procedures using the latest technical and instrumental developments.

As the Medicare program progresses, the compendia will probably increase in importance. Traditionally, the U.S.P. has limited its monographs to single-entity drugs, while the N.F. XII included about 25 monographs for dosage forms which have at least two therapeutically active ingredients. It is also expected that the N.F. will admit highly promising drugs before they may have become firmly established.

The community pharmacist will find the General Information section especially useful. It contains, for example, a very useful synopsis of the federal regulations on narcotic drugs in clearly understandable language. Also included is a tabulation of drugs and formulations that are classified according to the federal designations: A, B, X, and M. Also included in that section is an alphabetical crosslisting of the names formerly used and the N.F. XII official titles.

The community pharmacist, however, may not quite readily understand why the monographs for Aromatic Spirit of Ammonia or Bismuth Magma have been changed or why Terpin Hydrate Elixir is listed as an expectorant while the usual dose contains too little of the active ingredient to be effective.

It seems unfortunate, too, that the official definition of "mixtures" has been deleted while there is at least one (Kaolin Mixture with Pectin) listed as an official monograph.

Thus, while the scientific value of the National Formulary to all pharmacists is unquestionable, the practical value to the practicing pharmacist could probably be enhanced.

An unfortunate typographical error in the "Dosage-Posology Handbook" occurred when Young's rule was stated incorrectly.

Peter P. Lamy, Ph.D.,

Assistant Professor,
University of Maryland,
School of Pharmacy

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The Viewpoint of the Community Pharmacist

by

Morton J. Schnaper*

This article was presented at the M.P.A. Convention, June 30, 1965, as part of a panel entitled "How to Emphasize Successfully your Prescription Practice."

I will present the viewpoint of the community pharmacist on the topic, "How to Emphasize Successfully your Prescription Practice."

I am sure that every point I make here today has been used by some, or many in this audience, but I hope that the repetition will stimulate all of you to use what you already know or to adapt a fresh idea to your own situation.

One part of the research I found necessary in initiating this project was a personal visit to several community pharmacies that have active prescription departments. Another part was browsing through an accumulation of old periodicals that clutter up my basement. I looked through copies of *Drug Topics, Chain Store Age, American Professional Pharmacist, The A.Ph.A. Journal, The Maryland Pharmacist* and *Playboy*. It may seem odd to include *Playboy*, but, in truth, this widely read magazine demonstrates that success is based on a central theme that has great appeal; we can apply this to pharmacies by postulating that a successful prescription practice must be central to your real interests and appealing to your customers.

The viewpoints of the "apothecary," the "chain," and the "community pharmacist" where prescription practice is emphasized could be compared to the viewpoints of three men at the top of the Washington Monument standing shoulder to shoulder and looking out of the same window. Rather than opposite or divergent, the viewpoints of the three phases of the profession are coincidental and overlapping.

It seemed to me, after my research, that the *Drug Topics* Eight-Point Plan offers the best basis for emphasizing your prescription practice. I would like to repeat them and comment on each.

Point #1. "Adequately equipped and arranged prescription department." It should be well situated and well lighted for immediate recognition and projection of the idea that you are interested in this Department.

Point #2. "Competent prescription work." We expect every licensed pharmacist to be competent. It enhances the impression of competence to have the pharmacist professionally attired, poised, self-assured, and, at the same time, friendly. Competence includes the ability of the pharmacist to take orders quickly and accurately and to speak distinctly and meaningfully.

Point #3. "Pedigreed drugs, biologicals, pharmaceuticals." Be sure to use as your suppliers only those wholesalers, distributors and manufacturers whose integrity and reliability are beyond question.

Point #4. "Reputation for the newest in the field." You have to *earn* a good reputation and on this point you have to be alert to the literature and receptive to the information that the detail men are so eager to give you. You must be ready to add to inventory every new item that, in your judgment, may be called for.

Point #5. "Reputation for up-to-date prescription information." You should have a reference library, including *Modern Drugs, American Drug Index* and *Hospital Formulary;* a filing system for brochures and clippings and subscriptions to the various drug journals. Read what the physician reads. Subscribe to the *Journal of the American Medical Association* and the *Archives of Internal Medicine.*

Point #6. "Sound promotional work with the related professions." Make personal calls on the doctor, at his convenience of course, to detail a new product or service. Institute a program of regular mailings. Take a picture of the new products you have received during the last month and mail this to the practitioners in your area, mentioning those in which you think he may be especially interested. Use the journal or bulletin of the local medical society for institutional advertising, and keep a handy index close to your phone with the name of doctor's nurse or secretary.

Point #7. "Sound promotional work with the public." *This could be the most important point of your program.* You could keep a permanent professional window. Use regular institutional advertising in the local papers. Arrange for a signed column of comments and views in the local papers if you can. Establish a direct relationship with your patron by taking the written prescription from him and handing the finished package back to him yourself, using the opportunity to make whatever comments are appropriate to the situation. A few words of explanation or advice can do much to enhance your professional stature in the eyes of your patron.

Point #8. "Identification with public health and civic activities." Participate in "health weeks" as a volunteer worker. Give window display space and distribute literature. Establish a health information pamphlet rack. Be a speaker at civic clubs. Much information is available to you through the A.Ph.A. public relations program and through the office of your own state association. Be an active participant in your chamber of commerce, your P.T.A., and your local political groups.

Additionally, you should be able to offer charge accounts, delivery service, tax records, a family prescription card record or Lokato, two-way radio in your delivery vehicles, a complete receipt acceptable to insurance companies and a friendly, sympathetic ear.

In conclusion, you successfully emphasize your prescription practice by emphasizing your own personality, professionalism and participation in the important affairs of your community.

—o—

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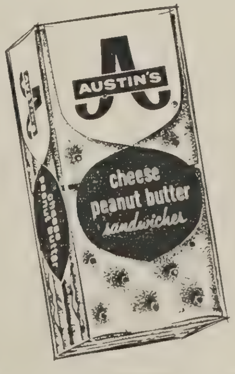

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OBITUARIES

Eli Fedder

A pharmacist and resident of Pikesville for forty years, Eli Fedder, 60, died August 29 in St. Joseph's Hospital after an illness of six weeks.

Mr. Fedder established the Pikesville Pharmacy at 1210 Reisterstown Road shortly after his graduation from the University of Maryland School of Pharmacy in 1924. He operated the business until three years ago, when he sold it, but continued to work there as a part-time pharmacist.

The Community News, a weekly published in Northwest Baltimore County, stated, "Always interested in the people and community he served, Mr. Fedder helped many needy families and destitude persons in the area with medical supplies and advice. He was available at all hours for prescriptions and other aids when sickness occurred."

A native of Baltimore, Mr. Fedder lived with his family for many years on Purvis Place in Pikesville, his most recent home being at 7510 Prince George Road, Willow Glen.

He was a graduate of Baltimore City College, Class of 1922.

A member of the Maryland Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association, the National Association of Retail Druggists and the Baltimore Veteran Druggists Association, he also belonged to the Ar-Ex Club.

Mr. Fedder was a member of Beth Tfiloh Congregation, the B'Nai B'rith, Yedz Grotto, and St. John's Lodge No. 34, A. F. & A. M.

ELI FEDDER

He was a long-time member of the Pikesville Volunteer Fire Company.

Survivors include his wife, Mrs. Shirley Fedder (nee Trager), two daughters, Mrs. Marilyn Maiden of Phoenix, Ariz., and Mrs. Eileen Goldstein of Miami, Fla., a licensed pharmacist; two brothers, William Fedder of Baltimore and Dr. A. Herbert Fedder of New York City; three sisters, Mrs. Leona Rabiner and Mrs. Paula Katz, both of Baltimore and Mrs. Ida Rubinstein of Washington, D.C.; and five grandchildren.

Another daughter, Mrs. Lois Fedder Foland, died in July of this year.

Julius L. Dembo

Julius L. Dembo, for 25 years the proprietor of an East Baltimore pharmacy died August 24 at the age of 57 at the Maryland General Hospital, following a short illness. His store was located in the 2200 block of Jefferson Street and was known as Dembo's Pharmacy.

A member of both the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, Mr. Dembo was a native Baltimorean who was educated in public schools here and was graduated from the University of Maryland School of Pharmacy.

Survivors include his wife, the former Jennie Wildstein; a son, Donald B.; a daughter, Linda; his mother; a brother; and two grandchildren.

Dr. E. G. Vanden Bosche

A former teacher of biochemistry in the University of Maryland School of Pharmacy, Dr. E. G. Vanden Bosche, died August 28 at University Hospital. He was 63.

He had for many years been teaching at the University's Dental School in the Department of Biochemistry.

A native of Belgium, Dr. Vanden Bosche came to this country at the age of four, and grew up in California, Pennsylvania.

Known as a fine carpenter as well as a scientist, he was a member of the American Chemical Society and other organizations.

Dr. Vanden Bosche is survived by his widow, the former Ruth Carr, and two sons, Richard P. and Raoul C.

F. Royce Franzoni

A prominent Washington, D.C., pharmacist who was registered in Maryland, F. R. Franzoni, 52, died at his home in Arlington, Virginia on August 22.

Mr. Franzoni, who was an examiner for the D. C. Board of Pharmacy since 1946, had been serving as its President since 1953. He had served as President of the American Pharmaceutical Association as well as that of the District of Columbia.

Mr. Franzoni has to his credit a long list of educational, academic and military accomplishments as well as many memberships in professional societies.

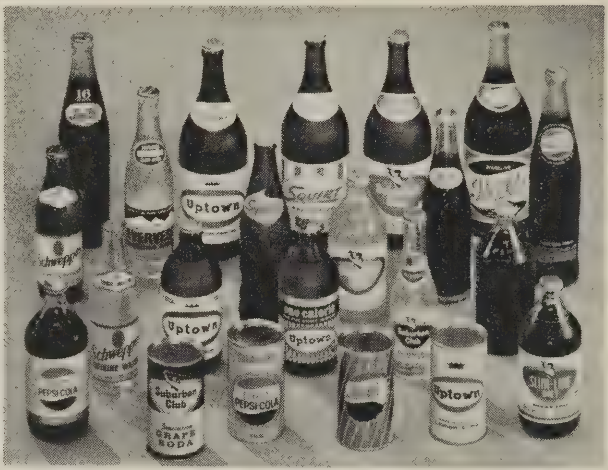
He was known as an avid builder of model railroads and a warm, outgoing personal friend.

Surviving are his wife, Evelyn R., and two daughters, Maryann and Carolyn, and a son, F. Royce III. Survivors also include a sister and two brothers, all of Washington.

Grace E. Rowe Edwards

Grace E. Rowe, a registered assistant pharmacist and a graduate of the Johns Hopkins University School of Nursing, died August 18 at Cumberland Memorial Hospital. She was 83. Her husband, Webster K. Edwards, who survives her, is a former President of the Maryland Pharmaceutical Association and was the proprietor of pharmacies in West Virginia and Cumberland, Maryland, for 45 years prior to retirement.

Mrs. Edwards also is survived by a son, Walter R., a daughter, Mrs. Mary Jane Linn, and three grandchildren.



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An oxytocic for use in stimulating the hypotonic uterus has just been announced by Sandox Pharmaceuticals for distribution. It is Actospar (sparteine sulfate).

Actospar is designed for intramuscular injection as a companion product to Methergine (methylergonovine maleate) NF and Syntocinon (oxytocin injection, synthetic) USP to give Sandoz a rounded-out line of oxytocic drugs.

The drug will be available to hospital pharmacies as well as to drug wholesalers and retailers in ampuls of 1 cc. in boxes of 12 and 100. The 1 cc. ampul contains 150 mg of sparteine sulfate and 4.5 mg sodium chloride.

New Two-Minute Slide Test For Mononucleosis

A new, two-minute slide test for the differential diagnosis of infectious mononucleosis is now available. Mono-Test, introduced this summer at the A.M.A. annual meeting by Wample Laboratories, is quick, easy to read, and extremely accurate. It demonstrates an accuracy of 99 percent, with no false negatives.

Mono-Test, based on the early appearance of heterophile antibodies capable of agglutinating sheep erythrocytes, requires neither painstaking serum titration nor absorption studies, as do other tests for mononucleosis.

New Drug Cures Fungus Infections Of Foot

Dr. James V. Ganley of Norristown, Pa, told the American Podiatry Association that the newly developed prescription drug, Tinactin, was used in a study on 50 patients suffering from stubborn fungus infections of the feet and it brought about "complete clearing of the lesions in 86 percent of the cases."

Tinactin, known generically as tolnaftate, was developed by the Schering Corporation.

Alvodine Gives Same Pain Relief As Morphine In Severe Infarcts

In a comparison of analgesic effectiveness, Alvodine (piminodine), manufactured by Winthrop Laboratories, "appears at least as good as morphine" in relieving the pain of acute myocardial infarction, a team of cardiac specialists report in the *American Journal of Medical Sciences.*

The study, which was headed by Dr. H. Richard Hoff at the Bronx V.A. Hospital, revealed that Alvodine's good analgesia plus a low incidence of side effects "justify its usage" in the condition.

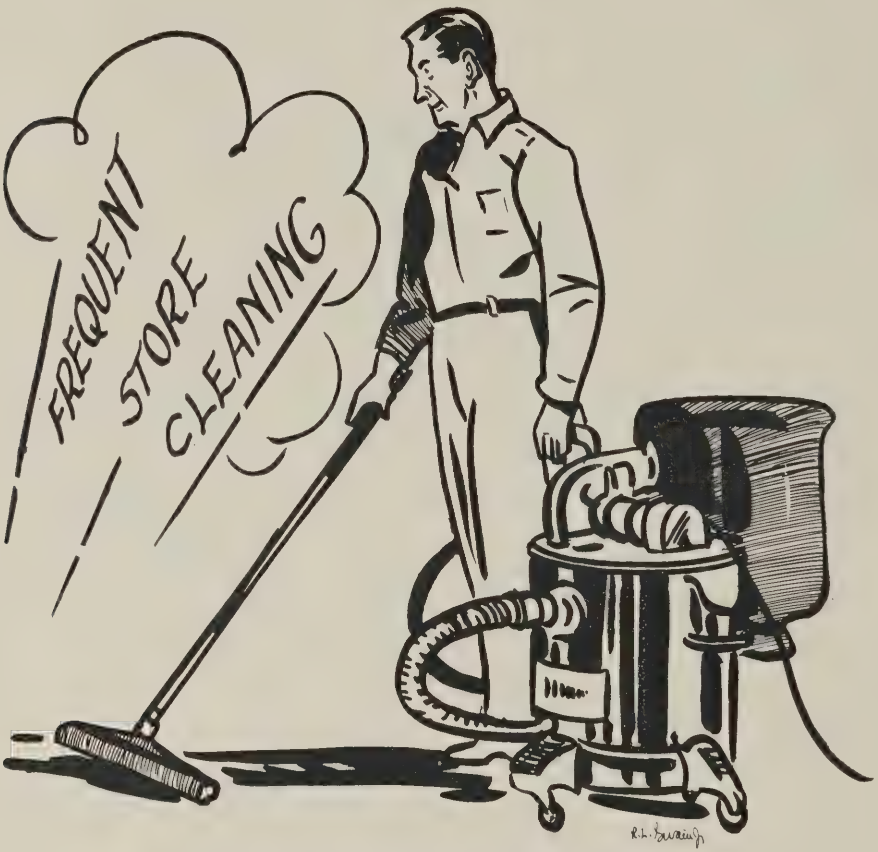
Both analgesics were given in double-blind, random fashion to 47 inpatients admitted with pain attributed to acute myocardial infarction.

"Power" Toothpaste

E. R. Squibb introduced a new toothpaste developed expressly for use with today's high speed power toothbrushes. It is known as Lustrex.

The unique consistency of Lustrex maintains it at a low foaming level which keeps the polishing agents active more of the time by allowing them to cling to the teeth and brush. Regular toothpastes made for manual brushes have a tendency to be swept away from the teeth by the high speed brushing action of power toothbrushes.

Lustrex contains SL-65 (Squibb anhydrous aluminum silicate), a specially-treated micronized cleaning agent available previously only to dentists. It has a velvet-like texture, and not only cleans teeth, but polishes them to a greater brightness and lustre. One group using Lustrex showed improvement of 40 to 60 percent in lustre and brightness over a group using ordinary toothpaste.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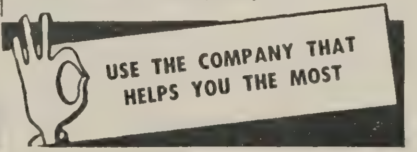
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(1) Frykman, H.M.: Minn. Med., Vol. 38, Jan. 1955. (2) Poth, E.J.: The J.A.M.A., Vol. 163, No. 15, April 13, 1957. (3) McGivney, J.: Texas State Jour. of Med., Vol. 51, No. 1, Jan. 1955. (4) Stern, F. H.: Jour. of The Amer. Ger. Soc., Vol. 11, No. 3, Mar. 1963. (5) Weekes, D. J.: N.Y. State Jour. of Med., Vol. 58, No. 16, Aug. 1958. (6) Abbott, P.L.: Jour. of Oral Surg., Anes. & Hosp. Dental Serv., Vol. 19, July 1961. (7) Weekes, D. J.: E.E.N.T. Digest, Vol. 25, No. 12, Dec. 1963.

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DR. JOHN CHRISTIAN KRANTZ, JR.
A Tribute On The Occasion Of His Retirement
See Pages 752, 767, 785,

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XL **SEPTEMBER 1965** **No. 12**

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TABLE OF CONTENTS

Page
Editorial: John C. Krantz, Jr. 752
The President's Message 754
The Secretary's Script 756
The Chain Store Point of View 758
by Norman Shack
Biography of Dr. Krantz 767
by R. M. Burgison and John A. Wagner
T.A.M.P.A. Tattler 780
by Joe Hugg
Herman Bloom, TAMPA's New President 782
B.M.P.A. President's Message 784
Dr. Krantz Retires 785
Dr. Ellenberg Warning on Diabetes 787
New Gastric Antacids 787
Dr. Sciarra is "Visiting Scientist" 788
Ginsberg is Food Plant Inspection Chief 788
Civil Defense Role for Pharmacists 789
Crozier Receives Citation 789
New Sections for A.Ph.A. Academy 789
Products 790
Prince Georges - Montgomery Association 792
Obituaries 793

PATRONIZE OUR ADVERTISERS

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Editorial . . . . . .

JOHN C. KRANTZ, JR.

A Tribute On The Occasion Of His Retirement

This issue of THE MARYLAND PHARMACIST is dedicated to Dr. John C. Krantz, Jr. as a tribute on the occasion of his retirement from his post as Professor and Head of the Department of Pharmacology at the University of Maryland School of Medicine after more than forty years of service to pharmacy and medicine.

Dr. Krantz has written a distinguished record in his career as teacher and scientist at the Schools of Pharmacy and Medicine at the University of Maryland.

To those of us in pharmacy, it is a source of great satisfaction that the roots of this eminent pharmacologist were in the realm of traditional pharmacy. Dr. Krantz grew up in the environment of his father's community pharmacy, amassing a practical knowledge of drugs and participating in the life of service which a pharmacist experiences among the people he serves in health and sickness.

The future research worker in pharmacy, chemistry and pharmacology received his scientific education at the University of Maryland School of Pharmacy, first as a pharmacist, followed by M.S. and Ph.D. degrees in chemistry at the same Institution.

Dr. Krantz, as a brilliant teacher and lecturer to hundreds of pharmacy students, leaves a lasting impression and influence on a generation of pharmacists. Many joined with a host of friends and colleagues from various scientific disciplines to demonstrate their high regard for him on the occasion of his retirement after 33 years as Professor of Pharmacology at the University of Maryland School of Medicine.

Elsewhere in this issue we are privileged to reprint the tribute to Dr. Krantz which appeared in the program of his testimonial dinner. We feel that this eminent "son of pharmacy" has brought great honor to the profession of pharmacy by the many versatile talents which he engaged on behalf of the pharmaceutical and medical sciences.

We feel confident that Dr. Krantz is only embarking on a new chapter in his fruitful life. All of us look forward to many more contributions to both science and human affairs from this teacher, scientist and public servant.

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President's Message ......

Dear Fellow Members:

There are two "musts" for pharmaceutical practitioners in Maryland which should be documented on their 1966 calendars.

First, pharmacists must comply with H.R. 2, the Drug Abuse Control Amendments of 1965, which is legislation applying more stringent controls to the manufacture and sale of so-called "pep" pills and "goof balls." An inventory of amphetamines and barbiturates must be taken by February 1, 1966. The Federal Food and Drug Administration will release in the very near future an aid to the pharmacist that should be helpful in preparing this inventory. It behooves every pharmacist to familiarize himself with the provisions of H.R. 2, particularly with regard to the number of refills permissable on each prescription, as well as the maximum time for which such a prescription is valid. Every prescription on your file which in any way involves these drugs will have to receive special attention when a patient requests a refill. Much has already been written in the pharmaceutical literature in relation to this law, and the Maryland Pharmaceutical Association office is ready to answer any question you may have relative to compliance with it.

The second "must" of 1966 to which I referred is attendance at the 1966 MPA Convention which will be held at Tamiment-in-the-Poconos June 27-30. The Committee, under the guidance of Vice President Morris Yaffe, already has put in many hours of work to assure the success of this convention, while Herman Bloom, the new T.A.M.P.A. President, has been touring the State with motion pictures of the convention site and answering any queries about cost, travel time, transportation possibilities to Tamiment, and any other detail which might be the basis for a question. It goes without saying that the leadership looks forward to the breaking of all attendance records for an M.P.A. convention.

I should like to close my remarks this month with a special bouquet to Dr. John C. Krantz on the occasion of his retirement, after a long and productive career as scientist, as teacher, and as a friend of the profession of Pharmacy.

Sincerely,

Alexander J. Ogrinz Jr.

President

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Secretary's Script . . .

A Message from the Executive Secretary

The Maryland Pharmaceutical Association is deeply concerned with all developments affecting pharmacy on both the Maryland and national scenes, and is committed to taking appropriate action to meet the challenges they present. Through our meetings, Annual Convention, seminars, *The Maryland Pharmacist,* and special mailings, you have been informed of the many issues facing pharmacy and of various programs directed to these issues.

In order to approach many of these problems so that progress can be made on behalf of the profession, we must have information and assistance from the membership at large.

For example, in the matter of *nursing homes,* we are vitally interested in assuring that all patients of nursing homes receive professional pharmaceutical services. This means that in every nursing home a pharmacist must be involved in the system of providing pharmaceuticals and prescription medication to patients. We must insist that a pharmacist, either on a full-time, part-time or consultant basis, be part of the standing operating procedure.

In the area of *hospital pharmacy practices,* any knowledge of practices which are not in the best over-all interest of both pharmacy and the public should be reported to the M.P.A. office.

In the matter of the treatment of pharmacists by *Selective Service* and in the *Armed Forces,* we would like to know of the experiences of our members in order that maximum utilization of pharmacists in their professional capacities be achieved in both civilian and military status.

Current information is also needed concerning *physician dispensing practices* which may not be in the best interest of the patient. Everyone must be made aware that, aside from a pharmacist, only a physician may compound and dispense drugs and then he alone, and not his nurse or secretary, can do this, and only for his own patients. Only physicians may authorize refills for prescription medication.

The Maryland Pharmaceutical Association has been making contacts with many officials and organizations in regard to various aspects of these complex problems. Our representatives are meeting with representatives of the other groups involved.

In order to make greater progress in resolving many complicated matters of which we have mentioned only a few, and which involve other professions and governmental bodies, it will be necessary to have many more facts. Generalities and hearsay will only go so far. We, therefore, urge that any member possessing any information about these and any other problems affecting our profession should bring the facts to our attention.

Your Association is anxious to act, but we must have a flow of information to back us up.

Nathan I Gruz

Executive Secretary

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The Chain Store Point Of View . . .

The following talk was delivered by Norman Shack, Pharmaceutical Editor of Chain Store Age, *as part of a Panel, "How to Emphasize Successfully your Prescription Practice" at the Maryland Pharmaceutical Association Convention in Atlantic City, New Jersey, June 30, 1965.*

As a spokesman for the Chain Drug industry addressing a group of independents, I may say that I feel somewhat like an Arab officiating at a Bar Mitzvah.

So, just for the record, I would like to state that, aside from my job, which consists of writing about chains, I actually have much in common with many of you here today. My father owned a community pharmacy for almost 50 years, three of my uncles followed in his footsteps, and I eventually did myself. A year ago today, I was still operating my own store in Florida, a store which I ran alone for five years.

As a matter of fact, chain pharmacy was just a foggy concept to me until I joined the staff of Chain Store Age. Coming from New York City, which is not a chain-oriented community, my exposure to chain drug operations began and ended with the Walgreen's on Broadway.

For these reasons, I feel that I have a fresh, objective approach to the Chain Drug business, and will be able to impart some of my new-found enthusiasm for chain ideas and methods.

Incidentally, in case you think that I've lost touch with the practical everyday problems of pharmacy, let me dispel the thought by mentioning that I still fill prescriptions, sell toothpaste, and listen patiently to customers' problems some 20 hours a week in a Manhattan pharmacy.

How Chains Emphasize Prescription Practice

I'm here today to discuss various methods by which chain drug stores succeed in emphasizing their Prescription Departments — methods, which, from a qualitative viewpoint, are not that different from the way any progressive pharmacist successfully promotes his number one franchise.

The reason I stress quality is that many of the basic ideas being employed in chains can be seen among a good number of independents as well. One of the primary differences is that chains usually have more to spend on their promotional activities, or perhaps they are just more aware of the need to spend it than the average independent. As a result, they continue to hammer away quantitatively at a campaign until it is completely successful, long after an independent may have thrown in the towel with the same basically good idea.

But over and above the budget part, and perhaps more important, is that chains possess an organizational vitality, permitting the energies of a number of capable, often talented, people to blend together when tackling a project.

The real challenge for the chain—and this is where the scales can tip over in favor of the independent—is follow-through at the store level. There is often, in a chain, a disinterested second party, the employee pharmacist or clerk, who generally doesn't approach his job on the level that an individual with a vested interest would. It is to the credit of the ingenuity of chain management that it is able to control and motivate personnel to the extend it does.

Getting back to advertising budgets for a moment, spending a lot of money is scarcely the only answer when it comes to promoting a Prescription Department. Many pharmacists, including some chains, make up in originality, perseverance and guts what they lack in money. Also, a smaller operator often has promotional means at his disposal which his chain neighbor may not. I refer specifically to the offering of services, such as charge accounts and free delivery, two areas which the chains have yet to exploit to any measurable degree.

Whenever I get into a discussion of chain prescription practices, I'm usually confronted with random grumblings like: "Sure, it's easy to get ℞ business when you charge prices like *that*" or, in states which permit advertising of legend drugs (a practice, incidentally, which I am against, and which Chain Store Age had come out against editorially even before I joined them), they'll say, "just look at that ad . . . they're giving the stuff away!"

The Problem of Price Competition

Well, no one is more conscious of price competition than I am. In Miami, where prescription pricing, after a test case, is still legal, I was faced with some of the most unreasonable, unscrupulous, downright insane competition as exists anywhere in the country. But I can tell you, it didn't originate with the drug chains! It evolved from supermarkets with prescription departments, discount houses and department stores—and even from many independents who were going along for a bumpy ride. Certainly the chains responded to the threat of encroachment by these other types of outlets. Any smart businessman thinking in terms of survival and progress would. The low margin era of prescription pricing was ushered in, and the chains were not going to be left at the gate. In my opinion, chains did more to keep the business in the pharmacy than any other organized group. The results of their battle against discount houses, supermarkets, department stores and limited item pineboard stores have rubbed off beneficially on all pharmacy. Chain pharmacy did not wring its hands and cry "unfair competition." They knew that a systematic upgrading, a good public relations program, better service, a higher degree of professionalism, and a wide assortment of merchandise, along with realistically fair prices would be their hedge against competition from other sources. Their heavy promotional programs have had a stabilizing effect on the entire industry and have kept the consumer thinking "pharmacy and service" instead only of "discount house and bargain."

Markups Cannot Be Rigid

The chains are not interested in reduced profits. They must meet large weekly payrolls, satisfy stockholders, and have enough left over for expansion. Consequently, as the low margin era began to change in complexion, the chains were among the first to raise prices. *They found that the key to prescription price promotion is not selling with a tiny profit, but creating the image that you are doing so.* This is accomplished in one effective manner by maintaining a list of hot, price-shopped items which bear a margin of anywhere from (let's face it) nothing, to 25%. In chains, this list can run, depending upon the era, from ten products to fifty. A second step is abandoning the old idea of a fixed markup on all items, regardless of their cost. That concept may have been good during the industrial revolution, but it won't work today. Almost 85% of all prescriptions fall below the $5 retail range. The margin on these can run in normal, healthy figures, 35%, even up to 150% without scaring away customers. But with prescriptions retailing over $5, which comprise only 15% of the total, margins are realistically cut back, from a third, to as low as 15%, depending upon the individual cost.

I recently conducted a survey of over thirty of the top chains from widely diversified geographic areas, and discovered that their average overall margin in prescriptions is now running over 40% and, in most cases, that's on list price. Every single one of them uses a list of so-called "loss leaders," bearing an average margin of 18%, but it's a calculated maneuver designed to keep the business and stimulate growth. I can tell you from very personal experience, that a large New York department store, doing over 400 prescriptions a day in the thick of a competitive jungle, makes considerable profit on 300 of those prescriptions and doesn't do too badly on the other 100, yet hundreds of thousands of people are beating at their doors, suffering degradation and occasionally monumental inconvenience, because they are utterly convinced that they are getting a bargain. It defies logic, but the answer lies in one word . . . *image*. It takes time to establish, but it pays off.

Emphasis on Professionalism

Aside from price, there are scores of other means that the chains employ in emphasizing their prescription departments. The trend toward more ethical, professional promotions and the deemphasis of price was kicked off at the end of 1963 by Morris Shlensky, President of Katz Drug and past-President of the National Association of Chain Drug Stores. To quote from Mr. Shlensky: "I would question whether the message of savings, after the first blush, has the permanent effect of influencing people where to go." He cited at that time, a survey which showed that only 10.8% of the public considered price the prime consideration in selecting a drug store, while 40% were influenced by their confidence in a particular pharmacist.

Recommending more emphasis on professionalism with a *price undertone*, he added, "People are not as price conscious as they are in the perfection of service in all forms. They don't shop around for a physician for price . . . we should advance the same consideration in prescription filling . . . take them where they have *confidence* and *trust* in the store . . . in the man . . . and in the department where the prescription is to be filled."

Mr. Shlensky takes his convictions before the public 55 times a week, in a 60-second commercial broadcast on a local radio station. *Radio advertising is extremely effective*. Many chains use it, as do independents in areas where the rate is not prohibitive. *But verbal messages, to be most effective, must be backed up with strong visual selling, in newspapers, billboards, direct mail, handbills and in-store signwork*. It then goes almost without saying that claims made in any of the advertising media had better be backed up at store level. Chains have found that fancy artwork and brilliant copy are potent weapons, but when an ad promises prompt, efficient service and neat, lovable pharmacists, and a customer has to wait half a day for a sloppily-filled prescription dispensed by a cigar-chewing, jacket-stained anti-social pharmacist, all the expensive public relations go down the drain.

Physical Re-emphasis

As a result, chains have gotten quite conscientious in their efforts to build a strong prescription image. *Many chains have remodeled existing prescription departments and build their new ones with an eye to making the department the dominant one in the store. They are spanking clean, bright, airy, uncluttered, and manned by personnel garbed in immaculate, often daily-changed uniforms*. In short, they make the department an inviting and confidence-inspiring place to get a prescription filled, one where they don't have to apologize for the fact that their store may also sell women's blouses and marmalade.

Personalization

Personalizing their prescription departments has been a strong, continuing effort for chains, for large, multi-store operations are traditionally on the cold, impersonal side. Computers do the ordering; cashiers ring up the sales; the customer never gets to know the management. This sort of setup is very efficient and does a good job for chains in merchandising a self-service drug wall, but it doesn't work as well in the prescription department. Therefore, the chains try to individualize their pharmacists. They're often featured in ads, they wear name plates to encourage customer friendliness, and the chain tries to keep its pharmacists at the same location, to permit them to build their own followings.

This new fact of personalized service in large chain operations was really brought home to me in Miami. There was a multi-unit food chain with a prescription department directly across the street from my store. I thought all I had to worry about in regard to them was pricing. To my surprise, I began hearing feedback about the swell pharmacist on duty there. I got to know him and watched him work. Even though he represented formidable competition, I began to admire him tremendously, and wasn't too proud to learn a few things from him. He wasn't working on commission, he just seemed to like people, and every customer he waited on in that more than 50,000 square foot supermarket became his friend. He could handle them all, from pesky children and neurotic mothers to chronically ill senior citizens. When the chain was bought out by another management, and a whole new crew came in, I found my prescription business practically doubling, because the customers didn't care for the new pharmacist . . . and their low prices and policies remained the same. But I benefited, also, because I had learned a few tricks from my friend, the chain pharmacist.

So, we have image pricing, physical decor, personalized service. How else do chains emphasize their prescriptions?

Senior Citizen Promotion

One extremely popular device, which began flourishing about five years ago, and shows no sign of diminishing, is the establishment of senior citizen prescription promotions. I get an average of two letters a month from chains and independents alike, asking advice about setting up a senior citizen plan. The reasons for the popularity of this gambit are basic. The over-60 customer usually buys more drugs than his younger counterpart, a volume stimulus in itself. He is, therefore, a bit more conscious of his expenditures. Once he becomes a customer he is usually loyal. Not only that, but in many parts of the country, he is organized, thus exerting an influence over his fellow senior citizens. When he is won over, he can be a potent public relations force because he usually has plenty of time on his hands. and can spend hours talking about a certain cut of meat, or your prescription service. To illustrate how chains have launched senior citizen programs, along with some evidence of their success, let me quote from one of the earliest and most successful chain pioneers in the senior citizen field, Fred Damlos, former President of Bartell Drug of Seattle, Washington, who has said, "The key to success of a plan of this nature is the willingness of the firm to go into the project all the way. Our senior citizen plan is the most successful prescription promotion in the firm's 73-year history and has spearheaded a 40% increase in prescription volume." Some of the methods used in its promotion were:

Newspaper Advertising . . . . ads announcing the plan were followed by others, spotlighting a letter commending the chain for its discounts to the elderly, from the chairman of the Washington State Senior Citizens Council. Application forms were included.

Direct Mail . . . . letters entitling new members to a free bag of OTC samples at any of the 12 Bartell units resulted in a phenomenal 65% return.

Radio . . . . four 60-second radio spots weekly promoted the program.

Speaking Engagements . . . . Mr. Damlos spoke at the senior citizen conventions and at clubs for the elderly to promote the plan.

"After the original promotion," Mr. Damlos told us, "over 1,000 persons joined up daily. At the end of the first week, we had enrolled 12,000 members. Our total is now 25,000 and climbing all the time. I can see no reason for this promotion to fade out in the immediate future."

Mr. Damlos was right, for today, two years later, Bartell Drug is still in full swing with its program, catering to over 30,000 senior citizens.

Other big names which have gotten into the field include, Eckerd of Florida, Crown of Kansas City, and Cleveland's Revco Chain, which just initiated a novel promotion by offering college scholarships to senior citizens, illustrating how the chains are constantly on the alert for dynamic new approaches.

Approaching the Physician

A far cry from the days when chains directed their promotional efforts to customers only, today's progressive chain usually engages in an extensive campaign of romancing the physician. Here, however, the chains' motivation are not quite the same as those of the independents. In catering to doctors, the chains merely want to say, "Here I am, Doctor. I don't only sell small appliances and soft goods. . . . I'm also a drug store." What they're doing is fighting a negative image which they had heretofore experienced with doctors.

But make no mistake about it . . . . the chains' physician-oriented campaigns are powerful guns, sometimes paralleling the magnitude of a drug manufacturer's campaign. Not only have they succeeded in reversing their image among doctors, but, in many cases, they have left similar efforts by independents trailing. Of course, I've always had a theory that independents have never done enough in realizing the full potential of doctor promotions. Merely providing good prescription service, even in the case of stores located in professional buildings, is not enough. You must constantly promote the store and its prescription services to doctors.

While most chain executives feel that personal detailing makes the most effective doctor program, they also realize that store pharmacists are just too busy for this function. Most doctor calls, therefore, are limited to trouble shooting visits by the chain's professional director, or else staff pharmacists will do it in their spare time, being reimbursed for their productive efforts. Let's attempt to analyze how great an influence doctors have on the success of a chain drug prescription operation. It's really hard to pinpoint with specifics—perhaps it's too intangible—but the general feeling is that the doctor does wield influence and is a good man to have on your side. (If not on your side, at least not against you.)

For this reason the doctor has become a prime target at which chains are aiming in the projection of their prescription image. They offer a wide list of services to practitioners, try to win their friendship and loyalty through gifts and premiums and discount cards. But most of all, they try to impress doctors and dentists with the high professional standards of their operations.

The professional director of a large chain sums it up this way: "You can shower a doctor with gifts and attempt to win his loyalty that way. But other pharmacists in the era are doing the same thing. *A doctor's respect must be earned;* it cannot be bought. And it can only be earned through high standards of professional service on the part of the stores."

An Eight-Point Plan Aimed at the Physician

The following is an eight-point plan for promoting the Prescription Department to physicians. It is being used by one of the largest chains in the country:

1. We have for many years supplied the practitioners with prescription blanks. These are printed on a good grade of bond paper, carry no advertising and there is no charge for the service.
2. Practitioners are furnished with a courtesy identification card which permits them to purchase their personal and professional needs in our stores at special prices.
3. We take exhibit space at the annual medical and dental society meetings in our areas. This gives us the opportunity to meet old professional friends and to offer our services to the new physicians and dentists.
4. We mail informational cards on new products to the physicians and dentists on the average of once a week. These cards state that the product is available at all our stores.
5. Informational letters are drawn up and mailed on an average of every two months. Letters of general interest, such as changes in prescription refill regulations, would go to all of approximately 12,000 practitioners in our files. A letter announcing the installation of an unlisted phone number or a new delivery service at one particular store would go only to the practitioners in that vicinity.
6. The medical and dental publications in our areas of operation carry our monthly advertisement.
7. We work closely with the medical and dental societies and take out associate memberships in them.
8. Our pharmacists are trained to consider the phone call to the physician, necessitated by the Durham-Humphrey Act, not as a nuisance but as an opportunity to promote better professional relations. In their daily conversations, our pharmacists and the physicians have come to know each other's problems and, as always, with knowledge comes understanding.

A modification of one or all of these points is being used by nearly every drug chain of consequence in the United States. Controversy still exists regarding prices to doctors. Many chains sell drugs and office supplies to doctors at 10% above cost, and other merchandise at 10% off retail, but, in the view of one chain executive whose firm sells everything to doctors at cost or wholesale list, "It builds a lot of good will, and brings many more doctors into the stores. When you get right down to it, that extra 10% we could make with standard discount cards doesn't amount to that much."

Promotional Ideas

Prescription Department giveaways and free refreshments have been called by a Walgreen district manager, "The cheapest, yet smartest way to impress customers."

Items such as plastic spoons, pill boxes, tax records, institutional literature, and particularly free Cokes, coffee or ice cream cones, have been used with outstanding success by chains like Skaggs, Longs, Walgreens, Peoples, Sun and Korvette. They're small things as far as cost goes, but they visibly impress prescription customers.

One chain executive calls "consistency and variety" the keys to maximum impact for a program of this type.

To get a continuous effect, you must have close to 100% follow-through at store level. You must also make the pharmacist aware that the 5 cents he saves by not issuing a free coffee coupon could cost the chain much more in the long run.

Giveaways, like refreshment checks or interesting literature, also have a useful side-effect in that they take customers away from an otherwise crowded prescription department, allowing the pharmacists to do their job under less harried conditions.

A variation of the program is the issuance of a free ice cream cone or soda slip by doctors who "award" them when they write prescriptions for children. Walgreen's, for example, uses a specially printed form for this purpose.

There are a multitude of other programs used to emphasize chain Prescription Departments, but even to outline them all would take the better part of a day, and time is limited.

Just a word or two, in closing, about some periodic promotional programs which have been used with great success.

Katz & Besthoff, of New Orleans, is an example of a chain which has employed a whole spectrum of public health promotions, including an Asiatic Flu vaccine drive; a Diabetic Detection Week program, during which 30,000 free diabetic detection kits were distributed; a "K.O. Polio" drive, which saw 87% of the people of New Orleans vaccinated; a Tetanus Protection Week, during which the chain ran ads emphasizing the importance of booster protection; an Accidental Poisoning promotion ,which resulted in a complimentary distribution of 9,000 ½-oz. bottles of Syrup of Ipecac, through request cards which were first given to doctors for redistribution to their patients. A poison antidote chart also was included.

Summing up the Katz & Besthoff program, admittedly more ambitious than the average, Saul Schneider, professional director, had this to say, "We feel all of the projects helped to increase chain prestige in the community, with the medical profession as well as the lay public. It was in the latter direction that we have seen the payoff. Prescription volume was up over 19%."

Not to let Saul Schneider have the last word, I would like to inject one more thought about how some chains have gotten away from producing the old, omnibus type of newspaper ads exclusively, and are concentrating or institutional ads, designed to enhance the image of pharmacy before the public. The chain that comes most often to mind when referring to this type of campaign, is Peoples Drug. Their series of ads, stressing professionalism, all night stores, and service, are money winners in anybody's book. If any of you are familiar with them, you know what I'm talking about.

Perhaps the best way to emphasize prescription service is not to shout periodically, like medicine men of old, but to speak softly, and continuously.

—o—

Morris Shenker Honored

Morris Shenker, an active member of M.P.A. and B.M.P.A., was given a testimonial buffet in the vestry of a Glen Burnie Presbyterian church on the occasion of his moving Allen Drugs, Inc. to Annapolis.

Mr. Shenker was cited for his many kindnesses to his clients in the Glen Burnie community, where he had practiced pharmacy for fifteen years.

With Mrs. Shenker and son, Allen, looking on, Morris Shenker was presented with a silver tea service, demonstrating the feeling of his many friends in the area.

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Selling Point Check List

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"One Sq. Foot" pre-packed merchandiser contains 3 doz. pairs, assorted sizes

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This list could be enlarged at will, these being merely suggestions. The important thing is to bring these reminders to their notice. We are all prone to forgetfulness and reminders are appreciated especially when they save us an additional trip to the store. True, forgotten items may be purchased later. But you have no assurance that the purchases will be made in your store or in the supermarket or other non-drug outlet.

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JOHN C. KRANTZ, Jr. . . An Appreciation

by
Raymond M. Burgison, Ph.D.
and
John A. Wagner, M.D.

The career of Dr. John C. Krantz, Jr., who retired as professor and head of the Department of Pharmacology, School of Medicine, on September 1, 1965, represents an outstanding example of a highly productive cross-fertilization between the sciences of chemistry, pharmacy, and the medical sciences, particularly pharmacology. Dr. Krantz has served the University for over 40 years as an eminently successful teacher, administrator, and research worker. His activities as a teacher, scientist, and public servant have brought honor and fame to him and the Institution he served so faithfully.

John Christian Krantz, Jr. was born in Baltimore, the son of Dr. John Christian Krantz and Johanna Fredericka (Steinmann) Krantz. For many years the elder Dr. Krantz operated a drug store at Broadway and Chase Street and young John Krantz acquired his first knowledge of drugs and pharmacy while working in his father's apothecary shop. He continued his education at the University of Maryland, earning a Bachelor of Pharmacy degree in 1923, an M.S. one year later, and his Doctor of Philosophy in chemistry in 1928. While still a graduate student young John Krantz's talents and abilities were recognized by the faculty. He was appointed associate professor of chemistry and instructor in physics in the Schools of Pharmacy and Dentistry. He rose rapidly to become professor of chemistry and pharmacy, retaining these positions until he became director of pharmaceutical and chemical research at Sharp and Dohme, whose laboratories were then located in Baltimore.

In 1930, Dr. Krantz became chief of the bureau of chemistry in the Maryland State Department of Health, a position he retained until 1935. During these years Dr. Krantz's interests shifted from pharmacy and chemistry to the newly-developing science of pharmacology, and he availed himself of the opportunity to broaden his knowledge of this field when he accepted the invitation of Dr. John Jacob Abel, the "Father of American Pharmacology," to work in his laboratories at the John Hopkins Medical School. While at Hopkins, Dr. Krantz worked in association with Dr. David I. Macht, one of the foremost American pharmacologists.

Pharmacology's Golden Age

The 1920's and 1930's were exciting years for the new science of pharmacology. During these decades striking advances were made in drug therapy which laid the foundation for the therapeutic revolution occasioned by the discovery of the antibacterial sulfonamides in the middle 1930's and the antibiotics a few years later. In the early 1920's Banting and Best at Toronto discovered insulin; Abel at Johns Hopkins crystallized this protein and demonstrated the psysiological action of this pure substance; Saxl and Heilig in Vienna discovered the mercurial diuretics; Chen introduced the alkaloid ephedrine into medicine and laid the foundation for the later sympathomimetic amines. Harington and Barger synthesized thyroxin and Schonle at Eli Lilly prepared Amytal and other useful barbiturates. Many vitamins and hormones were isolated and identified. Hexylresorcinol and the organic mercurials were introduced as anti-infective agents. Otto Loewi discovered *Vagusstoff*, later identified as

Reid Hunt's acetyl choline, a chemical mediator in the autonomic nervous system. In anesthesia, Luckhardt introduced ethylene and Chauncey Leake discovered divinyl ether; shortly thereafter, Lucas and Henderson introduced cyclopropane as a potent and useful general anesthetic.

It was during these years of rapid transition in scientific medicine that Dr. Krantz began his work as a teacher and research worker in pharmacology. When Dr. William B. Schultz retired as professor of materia medica and pharmacology in 1932, Dr. Krantz was called upon to fill the chair of Pharmacology on a part time basis. Dr. Krantz filled the post so adequately that he was requested to continue to fill the position permanently. This he has done since 1935.

Research Interests

The vigor with which Dr. Krantz has applied his chemical and pharmaceutical talents to the furtherance of pharmacology is reflected in an imposing *Curriculum Vita* of more than 300 scientific publications. In addition, he is the author of several hundred book reviews, popular articles, published speeches, historical publications, etc. The largest group of his scientific papers bears the serial series numbers of "Anesthesia I to LXVIII." This field of research, which is most familiar to anesthesiologists, has resulted from his application of physical and chemical knowledge and pharmacologic study to the improvement of volatile anesthetics. It has resulted in many successes among some interesting disappointments. In the early days of his anesthetic research, Dr. Krantz and his colleagues prepared and studied a large number of ethers of differing structural types. Some milestones in this chain of investigations have been cyclopropyl methyl ether (Cyprome Ether), cyclopropyl ethyl ether (Cypreth Ether), cyprethylene ether, propethylene ether, trichloroethylene (Trimar), cyclobutane and spiropentane. Drugs which are currently in use in anesthesia arising from these researches are ethyl vinyl ether (Vinamar) and trifluoroethyl vinyl ether (Fluoromar). The suffix *mar* in these names is derived from Maryland, the University where they were discovered.

Some years ago Dr. Krantz and his associates began the exploration of fluorinated organic compounds as possible anesthetic agents. Fluorine, when introduced into an organic molecule, frequently causes striking changes in the physical, chemical, and pharmacological properties of the compound. Thus, boiling point is decreased, vapor pressure is increased, flammability is reduced, surface tension is lowered, and toxicity is frequently diminished. It is easy to see how the application of these properties to anesthetic agents may be of great value (especially increased volatility, diminished toxicity, and reduced flammability). The introduction of fluorine into ethyl vinyl ether led to trifluoroethyl vinyl ether, the first fluorinated volatile anesthetic to be used in man. Thus, Dr. Krantz may be considered the father of the modern era of fluorinated compounds in anesthesia. This concept has completely revolutionized the practice of anesthesia and insures abiding fame to its founder. Today, many fluorinated compounds are used in medicine, including fluorinated steroids, phenothiazines and chlorothiazide-type drugs. It is standard practice for the medical chemist to introduce fluorine into the molecule of many drugs and observe the changes in potency which follow.

Most interesting among the "disappointments" has been hexafluorodiethyl ether (Indoklon) which, paradoxically, is not an anesthetic, but a convulsant. In applying the principles regarding fluorine enumerated in the previous paragraph, Dr. Krantz and his associates prepared hexafluorodiethyl ether, on the assumption that it would be a more volatile and less flammable anesthetic agent than ether. When Dr. Krantz first sprinkled a few drops of this ether into a jar containing a white rat, instead of becoming anesthetized, the rat became greatly excited, leaped from the jar, and convulsed on the table top. Subsequent investigation revealed that hexafluorodiethyl ether at very low concentrations is short acting convulsant in all animal species tested, producing a typical clonic and tonic type convulsion resembling that caused by electroshock and convulsant drugs used in psychotherapy. After extensive pharmacological study, the drug was cautiously tried in man and was found to produce the same syndrome as observed in animals. Today Indoklon is being widely used by psychiatrists as a substitute for electroshock therapy in acutely depressed and schizophrenic patients. It is regarded by many experts as equal to or superior to the older procedures in psychiatry, but free from the terrifying fear of shock therapy which some patients experience. Thus, Dr. Krantz made the transition from anesthesia to psychiatry by way of the fluorinated ethers. Dr. Krantz still is working on new and more potent fluorinated compounds, and interesting results may be expected to come from his studies.

Teaching and Writing

In his early days as professor in the Schools of Pharmacy and Dentistry, Dr. Krantz was particularly interested in drug assays and the measurement of physical properties of chemical compounds. In 1928, his first book appeared reflecting this interest: *A Treatise on Pharmaceutical Chemistry, Embracing Certain Special Topics in Analytical, Organic, and Physical Chemistry as They are Related to Pharmacy* (St. Louis, C. V. Mosby Co., 1928). This was followed two years later by *Fighting Diseases with Drugs—The Story of Pharmacy—A Symposium* (Baltimore, The Williams and Wilkins Co., 1931). In this symposium many eminent specialists in pharmacy, medicine, chemistry and related fields were brought together to contribute their thoughts and scientific findings to the rapidly growing science of pharmacy. This book reveals Dr. Krantz's talents for organization of many diverse specialties into a unified whole. Many other books have issued from Dr. Krantz's prolific pen, including *Anesthesia—Man's Redemption From Pain* (1944); *Formulary and Handbook of the Johns Hopkins Hospital* (1926, 1928, 1942); *A Portrait of Medical History and Current Medical Problems* (1962), a book on effective speech, co-authored with Governor Theodore R. McKeldin of Maryland, and with a foreword by Lowell Thomas, *The Art of Eloquence* (1952), a novel based on the story of Insulin, *If Sugar Burns* (1944), and finally his monumental, *The Pharmacologic Principles of Medical Practice*, co-authored with his close friend and colleague, Dr. C. Jelleff Carr (The Williams and Wilkins Co., 1949). This volume broke many traditions among pharmacology textbooks. It was beautifully written in a concise and narrative style, literally interspersed with historical and literary anecdotes as they apply to drugs and medicine, and liberally illustrated with pictures of men who have contributed to the growth of pharmacology. *The Pharmacologic Principles of Medical Practice* set the standards for later textbooks in pharmacology. It has gone through six editions in 16 years, has been translated into Spanish and Portuguese, and has been used throughout the world in schools of medicine, dentistry, pharmacy, and other institutions allied to the medical sciences. The new 6th edition, which appeared in 1965, is a large double-columned volume of 994 pages and contains nearly twice the amount of material in the first edition, attesting to the phenomenal growth of pharmacology. Some measure of the esteem in which this book is held by the academic world was demonstrated recently when the government of India placed a prepublication order of 5000 copies to be used in the medical institutions of India.

Further Explorations

In addition to his epoch making contributions to anesthesia, Dr. Krantz has advanced the science of drug therapy in many other ways. He has explored many compounds in the group of alkyl nitrates and nitrates as blood pressure depressants and coronary vasodilators, developing Octyl Nitrite (Krantz, Carr and Forman, 1939); Isosorbide Dinitrate (Krantz, Carr, Forman and Cone, 1940); Chloroglyceryl Dinitrate (Burgison, Lee, Cowley and Krantz, 1962), and finally, on a biochemical basis, by advancing a hypothesis on the mechanism of action and metabolism of nitroglycerine (Needleman and Krantz, 1964). His studies on xanthine vasodilators led to the development of theophylline sodium glycinate (Theoglycinate) (Krantz, Holbert, Iwamoto and Carr, 1947), a valuable anti-anginal drug and bronchodilator and the first study of xanthine drug metabolism (Truitt, Carr, Bubert and Krantz, 1947). Grant and Krantz (1942) studied a number of urea and thiourea derivatives on the oxygen uptake of tumor tissue and normal tissue by the Warburg technique. They observed that guanidine, thiourea, and several derivatives of the latter compound markedly depressed the oxygen consumption of excised tissues. This led Astwood in 1943 to discover the marked action of thiouracil in depressing thyroid function, and ultimately to the development of propylthiouracil and other valuable drugs useful in hyperthyroidism and related disorders. Dr. Krantz has furthered the chemical evaluation of digitalis and the chemical determination of digitoxin (Bell and Krantz, 1945). His extensive series of 29 papers on sugar alcohols, as well as unpublished but commercially available studies on "Tweens and Spans" have had immeasurable utility.

Perhaps the best known of Dr. Krantz's many researches is his work on aluminum compounds as antacids and buffering agents. In 1944 Krantz, Kibler and Bell reported on the preparation and pharmacologic evaluation of a new long-acting antacid and buffering agent, dihydroxyaluminum glycinate (Alglyn, Robalate). This compound combined the virtues of aluminum hydroxide as a long-acting antacid and buffering agent and glycine, or aminoacetic acid, as an agent capable of rapidly neutralizing stomach acidity. This compound found ready acceptance by the medical profession and is extensively used at the present time for the treatment of hyperacidity and gastrointestinal disturbances. Two interesting observations regarding the use of this drug have had a tremendous impact on therapeutics. The first concerns the ability of basic aluminum glycinate to inhibit the destruction of penicillin by gastric enzymes. Penicillin added to unbuffered gastric juice *in vitro* was rapidly destroyed, but gastric juice buffered with the aluminum compound caused only partial inhibition of the penicillin. These observations were verified clinically and led to the development of buffered aluminum penicillin preparations (Krantz, Evans, McAlpine, 1945). This was a tremendous step forward in penicillin therapy, and eventually led to the preparation of intramuscular penicillins with long durations of action.

A second observation of great significance concerns the ability of basic aluminum glycinate to promote the absorption of salicylates from the gastrointestinal tract and reduce the incidence of gastrointestinal upset caused in some patients by aspirin and other salicylates. Dr. W. D. Paul, of the University of Iowa, School of Medicine, had been studying the use of salicylates in the treatment of arthritis and other inflammatory diseases. While sitting in a railroad station in Washington, D.C., waiting for a train, Dr. Paul told Dr. Krantz of his experience with salicylates and gastrointestinal distress. Dr. Krantz suggested that Dr. Paul try his new antacid administered with aspirin in his patients. This suggestion was followed with good success, leading to the development of "buffered aspirin." Needless to say, this concept has had a tremendous effect on the use of salicylates in therapy.

The Professor—Loving and Beloved

In spite of his outstanding reputation as a research worker and scholar, Dr. Krantz's first love is teaching, and teaching takes precedence over research in his department. As Dr. Krantz sees the department's obligations to the State of Maryland, it is first to help turn out good physicians, and second to advance the frontiers of knowledge. He and his staff have fulfilled this dual obligation with distinction, as over three decades of medical students will testify.

Dr. Krantz's lectures were characterized by certain delightful mannerisms employed, no doubt, with a serious pedagogic purpose. Indeed, students of a generation or so ago will remember "The Hour of Charm" as many a student referred to Dr. Krantz's formal lectures in pharmacology.

The lecture was delivered obviously after great preparation. The professor would mount the dais, announce the subject and then proceed with the text, liberally interspersing his words with broad sweeps of the hand, a compressed smile accompanied by a nod and a twinkle of the eye, and occasionally by a type of an emphatic sonorous crescendo, one of which a former student recalled.

It was delivered during a lecture emphasizing rational therapeutics and the use of official drugs. There came a pause following which Dr. Krantz raised his head, turning it slightly and with raised right arm and finger pointing upwards, nodded sharply, and with an admonishing look, slowly and deliberately stated, "Woe is the fate of the unsuspecting young practitioner who falls victim to the honeyed words of the silver-tongued detail man sent out expressly to enchant him!"

Or was it during the lecture on foxglove that he announced with great gusto that *"Indeed,* the flower of medicine is 'Withering.'" As students used to say, Dr. Krantz often "turned the century" for, indeed, as he often said, "It was at the turn of the century that Abel came to Hopkins—." One former student and now a professor himself remembers a striking expression often used in a discussion of narcotics. "It is better to enjoy the euphoria of morphine than to suffer the slings and arrows of outrageous fortune." The use of powerful figures of speech, the art of inflection for emphasis, and a measured eloquence with clarity and precision typified his classroom lecture.

The pharmacological education of Maryland medical students goes far beyond their didactic instruction in *materia medica,* pharmacy, prescription writing, toxicology, posology, pharmacodynamics, and experimental therapeutics. The aim of the department is to prepare students as future physicians to use drugs intelligently in the treatment of disease. Laboratory exercises paralleled the course of lectures, weekly conference periods and discussions were held with faculty and adjunct faculty members, and interdepartmental lectures were given the clinical departments of medicine, anesthesiology, and obstetrics.

One of the innovations introduced by Dr. Krantz was the "tea parties" held on Thursday and Friday afternoons. At this time, three or four students were invited to have tea and discuss pharmacological problems with faculty members, the adjunct faculty representing the Maryland Academy of General Practice, a resident from the Department of Medicine and frequently visiting scientists. Such informal tutoring gave the student a valuable opportunity to gain insight into the subjects he studied.

During the second semester, each student prepared a talk on some pharmacologic topic and presented it to the regular and adjunct faculty. Talks were judged not only for the accuracy of their scientific content, but they were required to be well prepared and delivered in an acceptable style. Dr. Krantz's attitude toward such matters is best summarized by a motto on the wall of the pharmacology department:

> The English language is the most important instrument at your disposal. Learn to use it with precision.

The student who made the best presentation won the annual Paul Ehrlich Award, which carried with it a $100 prize. One such prize-winning dissertation was chosen for publication in a medical journal a few years ago.

Every student passing through Dr. Krantz's course in pharmacology was regarded by the Professor as a personal friend, his office door was always open to receive students who wished to discuss their studies or personal problems with him. Countless alumni of the University of Maryland cherish him as a warm and friendly person who was never too busy to talk over problems with them. During his years in the pharmacology department, 30 students earned the doctor of philosophy degree and over 3000 students the degree of doctor of medicine. Many of Dr. Krantz's closest friends are among these former students.

Extracurricular Life

In addition to his teaching and research, Dr. Krantz has found time to actively participate in many extracurricular activities. For many years, he has been an active member of Revision Committee of the U.S. Pharmacopoeia, having served as secretary from 1940-1950. He has been a consulting toxicologist to the U.S. Department of Defense, a member of many important N.I.H. committees, the Pharmacology Study Section, an active member of the American Society for Pharmacology and Experimental Therapeutics (member of the executive council since 1946 and Vice President 1949-50); Vice President of the American College of Cardiology; a member of the Executive Council of the American Chemical Society, and many others. He is a member of the American Association for the Advancement of Science, the New York Academy of Science, the American Pharmaceutical Association, the Society of Sigma Xi, the Society for Cancer Research, and a member of the executive committee of the Maryland Society for Medical Research. He has won many prizes and awards, including honorary Master of Science and Doctor of Science degrees. In addition, he has been an active member of Faith Presbyterian Church in Baltimore for many years, is a member of the Gibson Island Club and L'Hirondelle Club in Ruxton. He served as President of The International Torch Clubs from 1942 to 1946 and still attends most monthly meetings of this professional men's club.

Dr. and Mrs. Krantz (Helen King) occupy a lovely home in Ruxton, Maryland, and are noted for their gracious hospitality and warm friendliness. Their daughter, Mrs. Claire Loescher, is also a resident of Baltimore. Dr. Krantz is an enthusiastic sailor and whenever duty permits, and a good wind prevails, he may be found sailing up and down the Chesapeake Bay in his sloop, the "Fluoromar." He is also an enthusiastic Oriole baseball fan, and frequently attends the games at Memorial Stadium to root for the Birds.

Extracted from the *Bulletin of the School of Medicine,* University of Maryland, October, 1965

—o—

Current Aspirin Production Running At A Record Rate

Production of bulk aspirin in this country for the first half of 1965 was 15,936,000 pounds, according to figures just obtained from the U.S. Tariff Commission. If this rate continues a new record will be set.

Aspirin production in 1964 was 28,221,000 pounds, down slightly from 1963, when total production set a record at 28,285,000 pounds.

In purchases by Federal agencies in 1964, aspirin led all other pain relievers by a wide margin. Four agencies—the Veterans' Administration; the Department of Health, Education and Welfare; the Defense Medical Supply Center and General Services Administration—purchased 267,253,000 aspirin tablets and 5,540,000 buffered aspirin tablets.

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This ad, then, is about a deal for NEOLOID™ Emulsified Castor Oil, Lederle. NEOLOID is an "effective, stable, aqueous emulsion of castor oil U.S.P. 36.4% (w/w), of agreeable mint-flavored taste..." NEOLOID is creamy white, doesn't look like castor oil and even the thick oiliness is gone. Taste it yourself, if you think we're kidding.

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Volume 23 SEPTEMBER 1965 No. 11

September Meeting

by Joe Hugg

T.A.M.P.A. opened their 1965-1966 season with a luncheon meeting held at Eddie and Brooks Robinson's Gorsuch House on Saturday, September 11. Thirty-two members and guests were on hand to hear Al Callahan recognize the efforts put forth by the members and the various committees during his term as President, and later on, to witness the installation of the new slate. Chairman of the nominating committee, Mr. Ed Kabernagel, had the honor of introducing the slate, and H. Sheeler Read was given the privilege of introducing the new president, Herman Bloom.

The meeting opened with an abbreviated address by 1964's most valuable player in the American League, Brooks Robinson. Brooks spoke informally to the crowd, and then made himself available to answer questions. Needless to say there were several questions asked of Brooks regarding baseball in general, and the Baltimore Orioles in particular. He demonstrated "most valuable player" ability in answering the questions also.

After President Callahan dismissed his committees individually, he called upon the Treasurer, John Crozier, for his annual report, from which it was learned that there were 34 members present at T.A.M.P.A.'s annual meeting held in Atlantic City in June. There actually were a few more members of T.A.M.P.A. at the Convention, but they were not present at T.A.M.P.A.'s meeting as they were then pursuing other endeavors. The Treasurer's report also revealed that T.A.M.P.A.'s membership is currently at 154. Likewise we learned that during the year a total of 357 members, plus 180 guests attended the various luncheons and special affairs. A moment of prayer and silent reflection was held in memory of the following T.A.M.P.A. members who passed away during the year: Norris Busick, Arthur Shay, Lee Wright, Henry Goldscheider, and Ray Yingling.

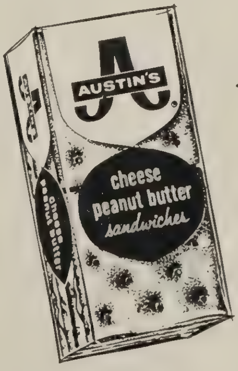
Among the guests present at this luncheon was Nathan Gruz, Executive Secretary of both the parent association, and the B.M.P.A. Nathan had a few words for those in attendance in which he recognized the cooperation and help received from T.A.M.P.A.'s

President and Secretary-Treasurer, as well as the membership at large over the years. As incoming President Herman Bloom took over the duties of his office, he emphasized again the importance of the individual members to the good of the association. He pointed out the fact that the officers need each member; they need him to cooperate by attendance, by working on committees, and by working for the good of the Traveler's Auxiliary as it goes about its daily work. Herman stated that through the years he had received much encouragement and inspiration from the following prayer: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

From this point forward, additional emphasis will be laid upon the T.A.M.P.A. emblem. A new supply of these emblems has been obtained, and members were encouraged to wear them consistantly as they cover the pharmacy beat throughout the State. A beautiful pair of sterling silver candelabra was presented to outgoing President, Al Callahan. A sterling silver compote was given to honorary president, Don Spedden, and a silver tray will be presented to Bernie Ulman from members of the cast of T.A.M.P.A. Palace, 1965. The tray, suitably inscribed, will be given to Bernie later as he was not present at this meeting due to an out-of-town commitment officiating an N.F.L. football game in Akron, Ohio.

Three autographed Oriole baseballs which had been donated by Brooks Robinson were raffled off as door prizes. The three lucky winners were Bill Nelson, Bill Grove, and Joe Hugg, who advised that he had just become a grandfather for the second time, and that his new grandson would be given the autographed baseball.

Don Steiner, a charter member of T.A.M.P.A. who has worked unceasingly since the founding of the organization, and who just finished a year as chairman of the program committee, was also the recipient of an honor paid him by his former employer, the Parke-Davis Company. Don was one of 234 retired employees who received a questionnaire from their company. The questionnaire endeavored to find out what the retired employees were doing, and out of 200 who answered, a small percentage was found to be interesting enough to be published in a monthly magazine entitled "Parke-Davis Review". Don was pictured with Oriole manager, Hank Bauer, and was written up regarding his activities in and around the Baltimore Stadium during the baseball season.



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President of TAMPA 1965-66

Herman J. Bloom, a native of Baltimore, was installed as President of the Travelers Auxiliary of the Maryland Pharmaceutical Association for the organization's 50th Anniversary Year, 1965-66. He is president of Paramount Photo Service, a firm which has adhered to a policy of distribution and service only through pharmacies in Maryland.

Mr. Bloom grew up in Baltimore; Delmar, Maryland; and Steelton, Pennsylvania, returning permanently to Baltimore at the age of 11. He attended Baltimore City College and studied violin for some time.

He was musical director of the New Howard Hotel for a number of years. During this time he became involved in the hobby of photography along with his brothers, Leo and Morris. World War II interrupted the development of their hobby which had by that time become the Paramount Photo Service. Leo entered military service and Morris went to Edgewood Arsenal, while Herman worked on military projects at Bendix Radio.

Following World War II, the Bloom team reestablished Paramount Photo Service in Pikesville. Rapid progress necessitated a move to larger quarters on Park Heights Avenue. After fire demolished their plant, headquarters was located at the present location on Greenmount Avenue. Steady expansion of service to the pharmacists of Maryland culminated this year in the installation of the most modern photographic processing facilities and equipment in the region.

Herman Bloom is married to the former Evelyn Bloom. They have two sons: Abrian, who is associated with his father, and Martin, a student at the University of Maryland.

HERMAN J. BLOOM

Throughout Maryland, Herman Bloom is known as a devoted friend of pharmacy, never refusing to assist or cooperate when called upon. His dedicated efforts have repeatedly been exerted beyond the normal call of duty to assure the success of a pharmaceutical project.

The Alumni Association of the University of Maryland School of Pharmacy elected him to Associate Membership and commended him for his service to the group. The Maryland Pharmaceutical Association has repeatedly acclaimed his commitment to the work of the M.P.A. at the Annual Convention, Swain and Simon Solomon Seminars and Regional Meetings. The Baltimore Metropolitan Pharmaceutical Association has been the beneficiary of his endeavors in behalf of the Annual Banquet, Installation Dinner Meetings, Drug Show and other events.

As an active member of T.A.M.P.A., Herman Bloom's work and enthusiasm has helped produce outstanding T.A.M.P.A. shows at the M.P.A. Conventions in recent years. His efforts have also brought renewed recognition by the M.P.A. and the pharmacists of Maryland of the vital importance of T.A.MP.A. and the men who make up this essential organization.

For many years no pharmaceutical program has been complete without the presence of Herman Bloom and his photographic coverage of the event.

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PRESIDENT'S MESSAGE

The Baltimore Metropolitan Pharmaceutical Association presented two programs of great importance to pharmacists at the September meeting.

First, we heard Mr. Paul J. Marino, Training and Information officer of the Baltimore City Civil Defense Organization, review the cooperative project, "Neighborhood Pharmacies as Civil Defense Information Centers." Mr. Marino described how every pharmacist could make his pharmacy an information center for disaster survival information for his community.

An all-out publicity drive through television, radio and newspapers is directing the public to visit neighborhood pharmacies to obtain information about Medical Self-Help Training. Lists of schedules where Medical Self-Help Training Courses were furnished all pharmacies. Pharmacists are asked to familiarize themselves with, and to post all bulletins furnished them so that their customers may see them.

Please be sure other personnel in your pharmacy knows about civil defense information which you have available. Encourage your patrons to sign up for courses. In fact, every pharmacist should himself take advantage of a course in Medical Self-Help Training.

We feel that these activities are a valuable public service and excellent public relations for pharmacists.

Second, we were fortunate in having presented to us the color and sound film, "The Pharmaceutical Center." This new concept in pharmacy was initiated by a pharmacist and further developed by the American Pharmaceutical Association and McKesson-Robbins. Past President Victor H. Morgenroth, Jr. delivered an accompanying explanation and answered questions.

It is felt that although many pharmacists today cannot take full advantage of the ideas of "The Pharmaceutical Center", this new concept will certainly influence an increasing number of pharmacists as the years go by. Alongside traditional drug stores and "super drug stores", we can expect to see more pharmacies concentrating on a pharmaceutical practice primarily related to health needs.

Sincerely,

MARION R. CHODNICKI
President

Professor John C. Krantz, Jr. Retires as Head of Pharmacology Department

On September 1, 1965, Dr. John C. Krantz, Jr. retired as Professor and Head of the Department of Pharmacology of the University of Maryland School of Medicine, after a tenure of 33 years.

A testimonial dinner attended by 400 colleagues and friends of the beloved teacher was held in his honor on September 22 at the Sheraton Belvedere Hotel.

The toastmaster was Dr. Louis A. M. Krause, Professor of Clinical Medicine and the speakers were Dr. John Z. Bowers, President of the Josiah Macy Foundation; Dr. Chauncy D. Leake of the University of California School of Medicine; Dr. J. Carey Taylor, former Assistant Superintendent of Baltimore City Schools; and Dr. C. Jelleff Carr, who was Professor of Pharmacology at the Maryland Medical School before he became Chief of Life Sciences at the U.S. Army's Scientific Analysis Branch.

The Honorable Theodore R. McKeldin, Mayor of Baltimore, presented Dr. Krantz with an Outstanding Citizen Award, and Dr. Albert E. Goldstein presented the medical school with a portrait of Dr. Krantz painted by Stanislaw Rembski. The portrait, which was accepted by Dean William S. Stone, was unveiled by Professor Krantz's daughter, Mrs. Claire Loecher.

Serving on the Arrangements Committee for the dinner were Dr. J. H. Fitzgerald Dunning and Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy, along with others including the Mayor of Baltimore.

A biographical sketch of Dr. Krantz will be found elsewhere in this issue of *The Maryland Pharmacist.*

—o—

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Dr. Ellenberg Warns About Diabetes Signals

Dr. Max Ellenberg, Associate Attending Physician at Mt. Sinai Hospital in New York has stated in an article published by the Upjohn Company in their diabetic newsletter ("Diabetes—Research, Detection, Therapy"), that diabetes may show itself long before the classic picture develops of too much glucose in the blood or urine.

The first area to receive attention from medical men regarding defects in glucose metabolism was pregnancy. Any unexplained stillbirth, neonatal death, extra-large baby or congenital abnormality raises the possibility of diabetes, according to Dr. Ellenberg.

Among the other warning signs he notes are glaucoma; cataracts or retinal abnormalities, as well as certain types of muscle palsy and pain in the eye; any kidney lesion of unexplained etiology, especially if it is associated with retinopathy or the absence of ankle jerks. The latter, along with the absence of knee jerks, are usually signs of the neuropathy or non-inflammatory nervous diseases frequently seen in diabetes. The disease may show itself in various guises—in the legs, in urinary tract infections or bladder dysfunction, in ulcers on the soles of the feet even (and frequently) in impotence.

Other related and perhaps harbingering phenomena are vascular disease even including gangrene and coronary arteriosclerosis and thrombosis, particularly in women.

Early recognition of any of these warning signs may not only help the physician to solve obscure clinical problems and anticipate the occurrence of hyperglycemia and glycosuria, but it will help him to institute proper types of therapy that have, in Dr. Ellenberg's words, at times "dramatically altered the clinical course" of diabetes.

New Gastric Antacids Reported

It has been reported in the September issue of the American Pharmaceutical Association's *Journal of Pharmaceutical Sciences* that three new magnesium aluminum oxyhydroxide polymeric compounds may be highly effective gastric antacids. The preparation and *in vitro* evaluation of these compounds are presented in a report by H. W. Schmank, J. M. Holbert, and Stewart M. Beekman of Chattem Chemicals.

The authors point out that the ideal antacid, in addition to having a high and rapid acid-consuming capacity per unit weight, should inhibit gastric proteases which attack mucosal cells, be palatable, lack systemic effects, and be incorporable into dosage forms which provide continuous action in spite of rapid gastric emptying.

The acid-consuming capacity of the dried MAOH is somewhat greater than that of other aluminum and magnesium compounds presently used. The antiproteolytic activity of the MAOH compounds was comparable to that of aluminum hydroxide dried gel, magnesium trisilicate, dihydroxyaluminum sodium carbonate, calcium carbonate, and dihydroxyaluminum aminoacetate. However, the duration of the action varied, and the MAOH antacids and dihydroxyaluminum animoacetate were the only antacids which maintained this effect for more than 100 minutes.

MAOH reacts with water and degrades; granulation may be carried out with anhydrous alcohol and suspensions in nonaqueous fluids are possible. Preliminary studies in mice indicate that MAOH compounds have a low toxicity. No laxative or gastrointestinal blockage was noted in the mice with single or repeated doses of up to 6.0 gm. per kg. per day.

Further studies are being conducted involving humans.

Sciarra Again Chosen "Visiting Scientist"

Dr. John J. Sciarra, Chairman of the St. John's University Department of Pharmaceutical Sciences, has been selected by the American Association of Colleges of Pharmacy as a "Visiting Scientist" for the second consecutive year.

Dr. Sciarra, who took his Ph.D. in Pharmacology at the University of Maryland School of Pharmacy in 1959, is one of the nation's foremost experts in the field of aerosols and aerosol training. He was the featured speaker at the Fourth Annual Robert L. Swain Seminar in March of 1964. This year his talks will revolve around aerosol training and technology and the pharmacist, and medicinal and pharmaceutical aerosols.

The St. John's Professor has an international reputation in his field and has been featured at seminars and medical conferences throughout the United States and Europe. He was reappointed recently to a second four-year term on the National Formulary Advisory Panel and the United States Pharmacopeia, which arranges the listing of standards for all drugs and chemicals in the United States, and is recognized by the Federal Government as the legal standard for drugs.

—o—

Pharmacist Is Food Plant Inspection Chief

Benjamin Ginsberg, Ph.G., has been named Chief of the Division of Food Plant Inspection in the Bureau of Food Control. His duties include the supervision of more than 700 manufacturing and wholesale food establishments in the City; the review of plans of new or remodeled food establishments submitted by agencies, architects or contractors; assignment of the workloads of sanitarians; the preparation of summons for court cases; consultations on chemical and pharmaceutical matters; and supervision of the auxiliary self-inspection program in which 430 food establishments participate.

Mr. Ginsberg came to the City Health Department in 1942 as a senior sanitary inspector and advanced progressively to his present appointment. A native Baltimorean, he attended the City's public schools and graduated from the University of Maryland School of Pharmacy in 1931. From 1931 to 1933, he worked as a Hospital Dispensary Pharmacist at the University of Maryland Hospital, and later was a retail pharmacist until joining the Health Department. His additional postgraduate academic training has included courses in biological chemistry, neuroanatomy, and animal histology at the University of Maryland School of Medicine.

—o—

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Pharmacists' Role In C.D.

Pharmacists have been asked to participate in the local Civil Defense drive, according to Paul J. Marino, Information Officer. The agency asks that "each pharmacy in Baltimore act as 'MEDICAL SELF-HELP TRAINING INFORMATION CENTERS, that is, each pharmacist post a copy of the training schedule and a small sign in a conspicuous place for their customers to read. In addition, it is requested that each pharmacist will personally promote this program and recruit persons for the class to be held in their neighborhood."

The Medical Self-Help training course, which is sponsored jointly by C.D., the American Red Cross, and the Baltimore City Department of Health, consists of a 16-hour, eight-session course stressing the improvisation of household materials and their application in administering first aid to the sick and injured during a disaster, in the absence of a physician. Mr. Marino took to the TV airways to explain this program on September 19.

Pharmacies received lists of the training schedules, and are also asked to post lists of fall-out shelters when furnished with them.

—o—

Crozier Receives Citation

John A. Crozier, Vice-President and General Manager of the Calvert Drug Company, was honored by the award of the Federal Wholesale Drug Association's Legion of Honor at its 49th Annual Convention held September 20, 1965 at the Greenbrier, White Sulphur Springs, West Virginia.

The citation included the following statement:

". . . the F.W.D.A. Legion of Honor is awarded not only for . . . services as President of the Wholesale Druggists' Association during the years 1944-47 and (his) efforts and keen interest in the welfare of the Association by continued attendance at its conventions for the past 27 years, but above all for carrying out the objectives appearing in the By-Laws: 'the promotion of high standards of wholesale drug distribution.' "

Mr. Crozier is a member of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association, is a past-President of T.A.M.P.A. and currently serves as its Secretary-Treasurer. In 1964, he was elected Honorary President of B.M.P.A.

—o—

A.Ph.A. Academy Will Have Five New Sections

Five new sections have been authorized for the American Pharmaceutical Association Academy of Pharmaceutical Sciences.

Approved by the Executive Committee of the Academy at its meeting August 31-September 1 were the following sections: Pharmacology and Biochemistry; Economics and Administrative Science; Drug Standards, Analysis and Control; Medicinal Chemistry; and Basic Pharmaceutics. These are in addition to the Academy's three present sections: Industrial Pharmacy; Pharmaceutical Technology; and Scientific.

Any member of the A.Ph.A. can apply for membership in the Academy. Members of the Academy are eligible for section membership providing they meet the requirements of the individual sections.

—o—

Products . . .

Trivalent Sabin Oral Polio Vaccine Introduced

Pfizer Laboratories has announced that it was making available Sabin oral polio vaccine in travalent form. It combines in a single dose Types I, II, and III of polio virus vaccine.

The minimum recommended dose for the new form of vaccine is two doses six to eight weeks apart, but the American Academy of Pediatrics recommends that trivalent vaccines be administered in five doses between the age of two months and entry into school. It is believed that the trivalent vaccine will find its major use in the offices of individual physicians.

Pfizer notes that the trivalent vaccine is packaged in 10 single-dose vials per package of 0.5 ml. aqueous nutrient fluid. It is tasteless and may be swallowed directly from the vial or given by dropper to infants. The vials are set individually into a molded plastic tray designed for storage in the freezer compartment, since the vaccine must be stored at temperatures below zero degrees Centigrade until the time of administration; once opened, or if the temperature is allowed to rise above freezing, the vaccine must be refrigerated and used within seven days. If not used, it should be discarded.

Ten disposable plastic droppers accompany each package in a separate container.

—o—

Bal-in-Oil Now in Disposable Unit

Hynson, Westcott & Dunning, Inc. has announced that Bal-in-Oil—used in the treatment of arsenic, gold and mercury poisoning—is now available in a new Disposable Unit.

The nature of the product recommends the use of disposable equipment, and successful treatment depends on beginning injections at once.

Winstrol Causes Improvement in Children with Cystic Fibrosis

Retarded growth and bone age in children with cystic fibrosis can be alleviated substantially, and significant weight gains are possible through treatment with a relatively new anabolic steroid, *Winstrol,* according to results of a study at the Cystic Fibrosis Center at the University of Arkansas Medical Center.

In addition to the growth data, impressive clinical responses to Winstrol (stanazolol) were noted in a group of 17 children who had not responded previously to the more classical forms of treatment for the disease. According to Doctors James L. Dennis and Theo C. Panos, researchers (*Pedicatric Herald* 6:2. 1965) there was a decided improvement in muscle tone, almost total elimination of the "clubbed" fingers in severely afflicted children, and intercurrent infections were less incapacitating.

Youngsters hit by cystic fibrosis usually are undersized and undernourished. The disease, with which about one out of every 1,000 babies is born, has been dealt with severely in the past decade by antibiotics; it is characterized by sticky mucous secretions which clog the lungs and block the flow of digestive enzymes from the pancreas into the intestines.

Winstrol is manufactured by Winthrop Laboratories.

—o—

Simple Atypical Antibody Detection Test Developed

A simplified test for the detection and identification of atypical antibodies in blood has been developed by Pfizer Diagnostics and was demonstrated at the Annual meeting of the American Association of Blood Banks.

The new test, called Combicells, is a reference panel containing eight vials of different group O blood cells. Vials one (1) and two (2), prepared from red cells of single donors, are designed to detect the presence of atypical antibodies in serum by preliminary screening. After an antibody is detected, vials three (3) through eight (8) can be used to complete the identification.

Combicells is said to save time and reagents, reduce costs, and is able to solve complex multiple antibody problems. In addition, all sera, regardless of blood group, may be tested with Combicells.

The test will enable smaller hospitals and blood banks both to screen and to identify atypical antibodies economically prior to blood transfusions. according to Pfizer.

—o—

Corneo-Scleral Preservation Unit

The Ophthalmost Division of Ayerst Laboratories is now making available a new Corneo-Scleral Preservation Unit which provides a simple, convenient means of preserving, storing, and shipping corneal and scleral tissue. Until now, preservation and storage of corneal and scleral tissue has been a problem.

The new unit is compact and sterile, and eliminates the need for assembling and sterilizing materials. It also reduces preparation time. In addition, for the first time it offers a uniform, readily identifiable, easy-to-use unit which comes with complete instructions and labels for the identification of tissue and for proper storage and mailing.

The Corneo-Scleral Preservation Unit is available to hospitals and eye banks from the Division, 685 Third Avenue. New York, New York 10017.

—o—

Combination Tranquilizing Drug

TRIAVIL, the first psychiatric drug preparation combining an established antidepressant (amitriptyline) and a major-class tranquilizer (perphenazine) was introduced this month by Merck Sharp & Dohme.

M.S.D. stated this represents a new concept which enables the physician to control a large number of common patient complaints resulting from a "mixed emotional state"—the coexistence of moderate to severe anxiety and depression. It has become apparent in recent years that anxiety and depression do coexist in many emotionally disturbed patients, but depression is difficult to recognize when masked by anxiety and by a host of physical complaints associated with the anxiety.

TRIAVIL has been used effectively in hospitalized psychotic patients, and clinical use with the compound in non-hospitalized patients has proven that the drug is also valuable in patients with coexistent moderate to severe anxiety and depression who must continue to function at work and at home.

Because such patients often go to the general practitioner or the specialist to seek relief of physical complaints, the non-psychiatric physicians are most often called upon to penetrate the facade of physical symptoms and determine and treat the basic problem, which could be anxiety, depression, or both. Merck Sharp & Dohme claims that TRIAVIL gives the physician the therapeutic flexibility required when definite detection of the underlying anxiety and/or depression cannot be made immediately.

The compound is available in three dosage forms containing differing proportions of the two major ingredients.

—o—

Prince Georges—Montgomery County Pharmaceutical Assn.

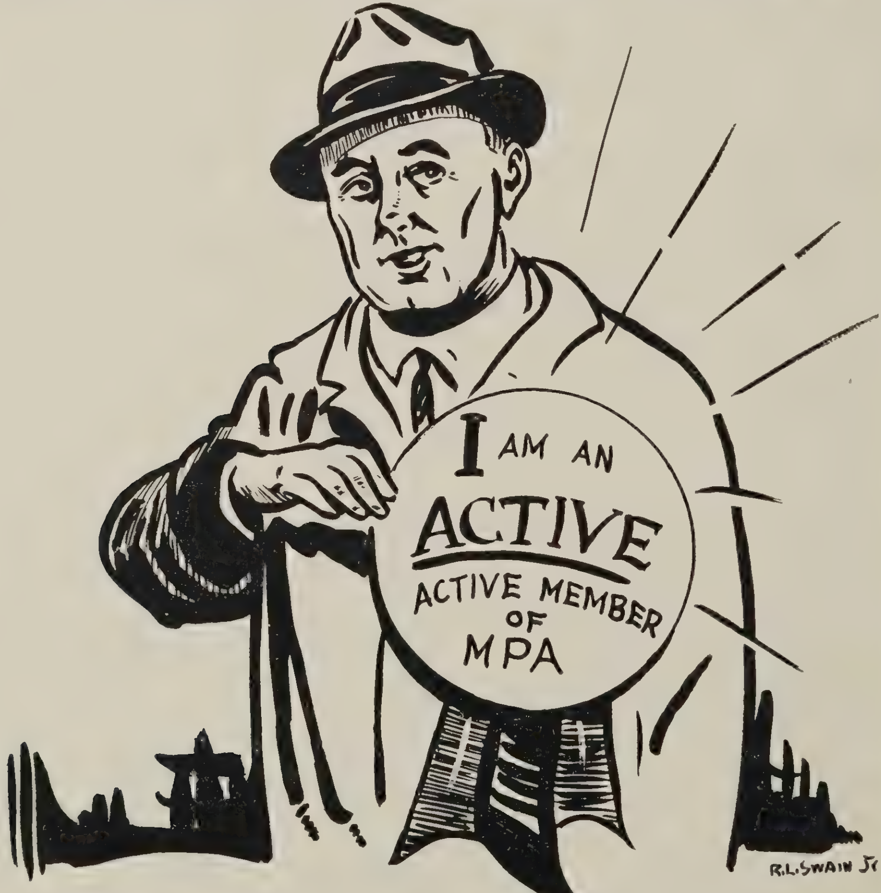
First Fall General Membership Meeting

Over one hundred members and friends atended the general membership meeting of the Prince-Georges-Montgomery Pharmaceutical Association at the Holiday Inn in College Park, Maryland on Thursday, September 16.

The program was initiated by the award of a certificate of appreciation to Philip F. Jehle, Washington Representative and Associate Council of N.A.R.D. by Harold Goldfeder, First Vice-President. The certificate was presented in recognition of the fact that "retail pharmacy has had no finer a champion in its fight for professional prestige and no more active a defender of its economic survival than Mr. Jehle."

A discussion on "Medicare" followed; the participants were Representative-at-Large Carlton N. Sickles (D. Maryland) Robert N. Hills, Special Assistant to the Assistant Secretary of H.E.W., and Joseph Cohen, Director of Professional Services for N.A.R.D. Special emphasis was laid on Medicare's relationship to pharmacy. A question and answer period followed.

Refreshments in the form of a "Holiday Buffet" were hosted by the District Wholesale Drug Corporation, the Henry B. Gilpin Company, and the Washington Wholesale Drug Exchange.



THAT'S THE SPIRIT!

Some Disposable Syringes Can Yield Contaminants

According to Mario A. Inchiosa of the Harvard Medical School, the rubber portion of the plunger section of some disposable syringes may be the source of contamination of aqueous solutions contained in the syringes.

Dr. Inchiosa, in the September issue of the *Journal of Pharmaceutical Sciences,* points out that this contamination may be significant in view of the extensive utilization of such syringes, not only for injections, but also for transferring solutions and blood in both clinical and laboratory practice. Because of prepackaging procedures, solutions may remain in these syringes for long periods of time.

After extensive extractive procedures involving two brands of disposable syringes, it was found that the plastic parts yielded no extractives; however, the rubber portion of the plunger contained water-soluble contaminants which were detected by absorption of ultraviolet light. Each of the two brands yielded its own form of extractive.

Glass syringes subjected to the same procedures yielded no contaminants.

Lilly Enters 34th Year of Analysis Service

The Lilly Pharmacy Operations Clinic is again prepared to analyze operating data submitted by individual pharmacies. This free service has been continuously available to pharmacists for 34 years.

The completed report includes an electronically prepared summary page, general and specific comments and, if indicated, suggestions based on successful methods used by practicing pharmacists.

To obtain a free analysis, send your financial statement to the Lilly Pharmacy Operations Clinic, Eli Lilly and Company, Indianapolis Indiana 46206.

OBITUARIES

Vincent J. Piraino

An active member of the Maryland Pharmaceutical Association, Vincent J. Piraino, 69, died September 28.

Mr. Piraino was graduated from the University of Maryland School of Pharmacy in 1922, and between 1926 and 1934, he operated a pharmacy at the corner of St. Paul and 24th Streets.

Since that time, Mr. Piraino, a World War I veteran, had been employed in several stores as a relief pharmacist.

He is survived by his wife, Anne, a daughter, Annette Stenger, one brother, three sisters, and a grandson.

E. E. Fraase

A retired Hyattsville pharmacist, Erwin Ernest Fraase, died this month. He had operated pharmacies in Hyattsville and Mt. Rainier, and during his active years was a member of M.P.A.

Mr. Fraase came to Maryland in 1939 from North Dakota.

He is survived by two children, two brothers, a sister, and one grandchild.

Morris Citrenbaum

Morris Citrenbaum, 70, who was the proprietor of the East Capital Pharmacy in Washington, D.C. for almost 20 years, died September 23.

A graduate of the University of Maryland School of Pharmacy. Mr. Citrenbaum was a native of Wilmington, Delaware. Before moving to the East Capitol Pharmacy, he operated the Parkview Pharmacy on Georgia Avenue in the District of Columbia.

Survivors include the widow, Dora, and three sons, Bernard, Leonard, and Alan, as well as two brothers and four grandchildren.

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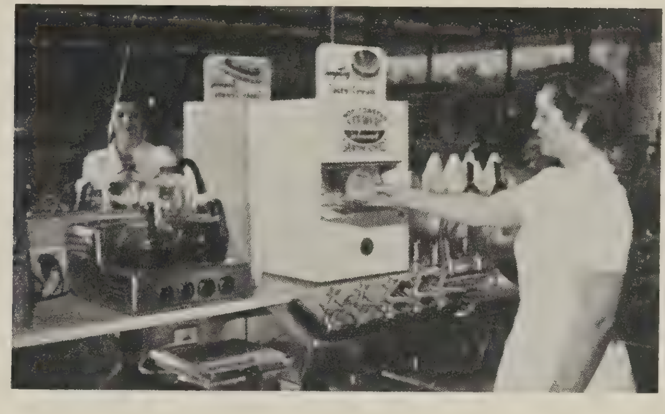

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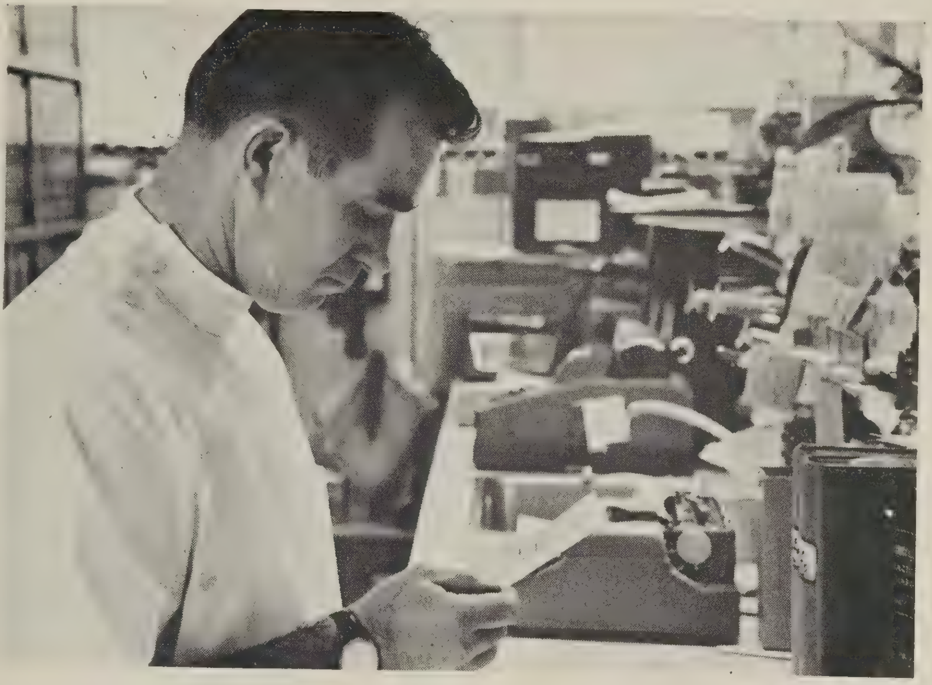

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Precautions and Side Effects: Do not use in persons with known sensitivity to erythromycin. Occasional side effects are abdominal discomfort or cramping; nausea and vomiting (often controlled by dosage reduction) and mild allergic manifestations. Serious reactions have been extremely infrequent. If signs of sensitivity appear, proper countermeasures (e.g., epinephrine, steroids, etc.) should be administered and the drug should be withdrawn. If overgrowth of nonsusceptible bacteria or fungi occurs, withdraw drug and institute appropriate treatment if necessary.

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1. Gilbert, F. I., Jr., J.A.M.A., 182:1048, December 8, 1962.
2. Robinson, M. N., Am. J. Sc., 243:502, April 1962.

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(1) Frykman, H.M.: Minn. Med., Vol. 38, Jan. 1955. (2) Poth, E.J.: The J.A.M.A., Vol. 163, No. 15, April 13, 1957. (3) McGivney, J.: Texas State Jour. of Med., Vol. 51, No. 1, Jan. 1955. (4) Stern, F. H.: Jour. of The Amer. Ger. Soc., Vol. 11, No. 3, Mar. 1963. (5) Weekes, D. J.: N.Y. State Jour. of Med., Vol. 58, No. 16, Aug. 1958. (6) Abbott, P.L.: Jour. of Oral Surg., Anes. & Hosp. Dental Serv., Vol. 19, July 1961. (7) Weekes, D. J.: E.E.N.T. Digest, Vol. 25, No. 12, Dec. 1963.

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